

Biological
& Medical
Materials

AMERICAN JOURNAL OF CARE FOR CRIPPLES

OFFICIAL ORGAN OF THE
Federation of Associations for Cripples
AND THE
Welfare Commission for Cripples

EDITED BY
DOUGLAS C. McMurtrie

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CONTENTS

The historical development and present status of care for cripples in Switzerland. WILHELM SCHULTHESS	3
The education of crippled children. GWILYM G. DAVIS	11
Open air treatment for crippled children; the Country Home for Convalescent Children. DOUGLAS C. MCMURTRIE	15
The development of a small orthopedic hospital. MARY R. TOOKER	21
A study of the character and present status of provision for crippled children in the United States. DOUGLAS C. MCMURTRIE	24
German care for war cripples; a preliminary report. DOUGLAS C. MCMURTRIE	39
Occupational provision for one type of the physically handicapped—cardiac convalescents. MARY L. PUTNAM	41
Editorial Notes	44
Federation of Associations for Cripples.—A campaign for special education.—New building for Orthopædic Hospital.—School for war cripples in France.—Austrian provision for war cripples.—Reception at East Side Free School.—Extension of dispensary work.—Work for the handicapped.—Boy Scouts and Camp Fire Girls.—Recommendations for Minnesota Hospital.—Industrial instruction.— <i>The Unheard Cry</i> .—United Workers for the Cripple.—Two Philadelphia institutions.—Canadian study of special education.	
Bibliographical Notes	61

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BUILDINGS OF NEW SWISS INSTITUTION FOR CRIPPLES

[SCHWEIZERISCHE ANSTALT FÜR KRÜPPELHAFT KINDEr, ZÜRICH, SWITZERLAND]

THE HISTORICAL DEVELOPMENT AND PRESENT STATUS OF CARE FOR CRIPPLES IN SWITZERLAND¹

WILHELM SCHULTHESS, M.D.
Zürich, Switzerland

It is a conspicuous fact that in Switzerland, where relatively much has been done for the care of orphans and the mentally defective, the cripple has been largely neglected. The only explanation for this lies probably in the fact that, in general hospitals for children founded during the last thirty or forty years, provision has been made for a certain number of crippled children, thus minimizing the need for their special medical treatment.

For a long time the *Mathilde Escher-Stiftung*, founded in 1864, remained the only institution of its kind. From the first, however, it received not only cripples but also other children afflicted with chronic diseases impairing their capacity for physical activity. The first rule of the institution read:

The asylum is open to mentally normal but physically weak or sickly girls who are not able to attend public school. Those excluded are idiots, epileptics, and children who require hospital care; also orphans and abandoned children who may receive care in other appropriate institutions. Such latter may in special cases, however, be admitted for a limited period.

The eighth rule read:

The institution provides for the children's lodging and, according to agreement, clothing. It also provides instruction, medical care

¹WILH. SCHULTHESS. Die Krüppelfürsorge. (Hülfs-gesellschaft in Zürich, 112. Neu-jahrsblatt.) Zürich, 1912. A translation of Chapter V of this work: Die Entwicklung und der Stand der Krüppelfürsorge in der Schweiz. Translated and edited by Douglas C. McMurtrie. The three concluding paragraphs of the original version are omitted.

and, in general, everything that appertains to the physical needs of the children. The pupils will, with God's help, be taught to become honest women and Christians, and will, within the limits of their capacities, learn to provide for their own support.

Set forth in these rules we find actually the modern program of care for cripples: education, medical attendance, and occupational training. The specifications of diagnosis, however, do not quite correspond with the modern tendencies of the work.

Crippled children predominated, however, from the start, and the Rev. Schäfer, who visited the institution in 1871, was so impressed as to lead to the inauguration of his first efforts to care for cripples. The institution formed part of the St. Ann Foundation whose objects were, in the main, religious. The school connected with the institution, and designed primarily for its inmates, was also open to children from the outside. Thus we find here a first attempt towards a special class for cripples. Later, the services of a house physician were secured, but he was not an orthopedic surgeon and, in accordance with the spirit of the time, his services were demanded only in cases of acute disease. The care of cripples as such, or orthopedic treatment was not considered, largely because of deficient facilities at the institution. During latter years about twelve pupils were provided for.

For various reasons, and largely on account of the realization by the administrative board that the time was ripe for reconstruction of the institution along modern lines, the asylum was closed for several years, while plans were being prepared for the erection of a new building designed to meet all requirements.

The administrators of the fund joined hands with a newly organized committee for the foundation of a Swiss institution for the care of crippled children, in order, through joint effort, to find a suitable locality. The Mathilde Escher board wished to have their building in the immediate vicinity of the prospective institution in order to utilize its facilities and service for cases needing orthopedic treatment. The committee sold to the

asylum board part of the land it had acquired in Balgrist, Zürich V. On that ground there has been erected and equipped a house for twenty-five children. This was opened in November, 1911.

The children live two or three in a room and use in common a number of public rooms, a living and dining room, a classroom, and a gymnasium equipped for orthopedic purposes, and especially for the treatment of scoliosis. This latter technical equipment was needed as the Swiss institution was not to be opened until some time in 1912. The house is surrounded by extensive porches and a large court provides ample space for exercise.

The staff consists of a house matron, a nurse, a teacher, two maids, and a porter. The medical work is under the supervision of a woman physician, Dr. Charlotte Müller. The orthopedic work is in charge of the present writer.

The institution is under the control of a committee consisting of men and women. The pupils so far accepted have been all orthopedic cases. The gymnasium is made good use of. Although the home has been open but a short time, the great demand for such institutions has already become apparent. On the other hand, it has become plain that a modern institution of that type cannot be run without medical direction.

From the prospectus and admission requirements the following may be quoted.

1. The first rule is the same as already stated.
2. The age of admission is that of school attendance—6 to 16 years.
10. The first quarter or half year, in each doubtful case, is a period of probation, followed by definite acceptance, or rejection in favor of some other institution.

Rule 8 is the same as the early one already cited.

In addition to the institution just described is the *Hospice Orthopédique*, founded in Lausanne in 1876. It has accommodations for thirty-six children and has for years employed the services of a physician, Dr. Nicod, who devotes himself entirely to

orthopedic cases. Whereas in the Mathilde Escher institution education was in the foreground; at Lausanne the medical features are emphasized. There is some elementary instruction but no provision for occupational training.

The first rule of the institution reads: *L'Hospice orthopédique est destiné aux enfants atteints d'une difformité réclamant un traitement orthopédique.* (The Hospice Orthopédique is designed for children with deformities which require orthopedic treatment.) Only children under twelve years of age are accepted.

The institution has grown out of an enterprise formerly conducted by Henri Martin. At present it treats a hundred children annually, and publishes each year regular medical reports in which the work is graphically presented.

Further than this, crippled children are taken care of in hospitals for children at Zürich, Basel, Bern and Geneva, and in the children's sections of other hospitals. In such work, however, there is, of course, no possibility of prolonged or permanent care or of occupational training. Elementary instruction is given at several institutions by professional or volunteer teachers.

Most closely related to the modern institutions for the care of cripples, however, are the *Kinderheilstätte*, founded by Dr. Christ, at Langenbruck near Basel, the *Heilstätte für rhachitische und skrofulöse Kinder* at Aegeri, and the *Kindersanatorium* at Rheinfelden. At Langenbruck and Rheinfelden many cases of bone tuberculosis are being treated, while the institution at Aegeri devotes itself particularly to rachitis.

A considerable number of smaller institutions in Switzerland, mostly charitable foundations, are concerned with so-called incurable children, and in them cripples are often cared for. There may be mentioned the *Anstalt für Kinderpflege* in Lindenberg, Zürich IV, the *Kinderheim* at Chur, the *Asile d'enfants incurables Eben-Hézer* at Lausanne, and so forth. It should be noted, finally, that in a number of institutions for mentally defective or backward children cripples are received in individual cases, but care only, not medical treatment, is provided for them.

Nowhere in Switzerland do we find a well equipped free orthopedic hospital or dispensary in conjunction with the requisite organization and facilities for education and industrial training.

The advances in orthopedic science have been manifested only in the establishment of several private orthopedic institutes, which are not in a position to offer care and education to more than a very small percentage of crippled children.

Under such conditions, and in view of the activities of neighboring countries, especially of Italy and Germany, the establishment of a new institution in Switzerland became a necessity—a point of national honor.

The first public steps toward a realization of that need were taken by Rev. I. Kägi, director of the *Diakonissenhaus* at Riehen and by Dr. Zollinger, secretary of the educational bureau at Zürich. The former issued in 1903 a small pamphlet, *Zur Krüppelpflege*, in which he briefly outlined the status of care for cripples and emphasized the great need for new institutions. The latter adverted to the problem in a lecture delivered during the winter of 1904-1905 before the *Gesellschaft für wissenschaftliche Gesundheitspflege* (society for the scientific conservation of health), in which he called attention to the contributions made to this field at the school hygiene congress at Nürnberg. Later a small committee was organized in Zürich with the aim of taking active steps to encourage provision for cripples. The sum at the disposal of this committee was, however, limited to 10,000 francs which were placed by a lady at the disposal of the present writer to be expended for any purpose at his discretion. Soon, however, another generous donor contributed 50,000 francs to the committee, being prompted to the gift by the Rev. Ritter, who died in 1906. At once, a larger committee was formed and financial appeals were issued. Thus were laid the financial foundations for a Swiss institution.

The contributors soon organized themselves into the *Schweizerische Verein für krüppelhafte Kinder* (Swiss society for crippled children) on June 23, 1909.

A number of members undertook to continue the solicitation of contributions. The community responded enthusiastically to these efforts on behalf of cripples, and the capital of the institution reached the total of 470,000 francs. Among the contributions were several large gifts, one amounting to 55,000 francs.

The selection of a site for the institution proved a laborious task, it being difficult to find in the neighborhood of Zürich a plot of adequate size. The committee was determined to locate near the city on account of the consequent convenience to physicians, mechanics, teachers, and visitors to the dispensary, to remain within the city limits on account of building facilities, water, electricity, and gas supply, and sewerage features often defective outside of cities.

A modern institution for cripples is a very different thing from what it is conceived to be by people who are accustomed to associate it only with the care and incidental occupation of children. When, however, there is considered the technical equipment necessary to proper treatment, the required service by a medical specialist, an orthopedic mechanic (if indeed one is not regularly connected with the institution), and the various classes of artisans and professional people who are called upon as teachers—all of whom should be near at hand; and finally the desirability that individual children during certain hours should be sent to the city's public schools: the impracticability of operating an institution in the country becomes obvious. This issue is emphasized because the committee has been criticized on the ground that an institution could have been erected in the country at much less cost.

A relatively uncongested locality was another prerequisite, mainly on account of the cripples who have been or may be suffering from bone tuberculosis, and to whom sunshine is of such major importance.

From the outset, the committee was determined to combine with the resident hospital an out-patient dispensary, to provide for patients who, after leaving the institution, would return for

the inspection of braces, the adjustment of appliances, massage, corrective gymnastics, and so forth. An office, where information would be available, regarding other provisions for care and regarding occupational opportunities, was considered another necessity. All these purposes would be served by the establishment of an orthopedic dispensary.

This division of our new institution embraces a gymnasium, two dressing rooms for men and women, six rooms for examinations, the application of bandages and plaster casts, massage, and radiography, and one special room for photography. In the basement are a supply room, an orthopedic workshop, and a room to be used eventually for medico-mechanical apparatus for which there may not be space in the gymnasium. On the first floor are fitted up several rooms for patients or pupils, particularly those male patients who must be provided with apparatus. Above this section is a small apartment for the physician. The porch situated on the top of the gymnasium provides accommodation for 'sun cure' cases.

The dispensary should make it possible to provide particularly for the many children suffering from spinal deformities.

For hygienic reasons, principally to prevent the transmission of children's diseases to the resident patients, the dispensary is located in a separate building.

The main building consists of a square structure and an annex which houses the kitchen (below) and the operating rooms (above). The ground floor includes, in addition to the kitchen, a spacious foyer, a dining room for about fifty persons, a living or work room for the pupils who are not confined in bed, an office with a waiting room, and a schoolroom.

On the first floor is the operating division, consisting of a waiting room (which is also used for the application of plaster casts to inmates), an operating room with large window space, washrooms and lavatories for the surgeons, and a room for instruments and the sterilization of bandage materials. On the same floor twenty-nine children can be

taken care of in four rooms. There is a bathroom for the patients.

On the second floor, above the operating rooms, is a large room the use of which has not been determined, but which will probably be used as a dormitory or playroom. On the southwest side is a ward for twenty-nine patients. There is also one extra room.

On the third floor are the sleeping and living rooms for servants, the house-mother, and the attendants.

The top floor also contains three small isolating rooms which are provided for infectious or suspicious cases which may thus be promptly separated from the other children in advance of their transfer to appropriate hospitals. Infectious cases are, of course, removed from the institution as soon as their character is definitely ascertained.

It will thus be possible to provide for at least fifty-eight children, and if beds are placed in the large hall referred to the number can be increased to sixty-eight or seventy.

For workrooms there can be used the so-called living room on the ground floor and rooms in the basement as yet unapportioned which can be heated and provided with large windows. The ground, first and second floors are all surrounded by wide porches which cover almost three quarters of the southwestern and southeastern sides of the house, thus providing ample space for fresh air treatment.

Regarding organization, it may be said that the institution is controlled by representatives of the *Schweizerische Verein für krüppelhafte Kinder* (Swiss society for crippled children). The directorship is vested in a physician (the present writer) assisted by a resident house physician. The general supervision of the patients and the household staff is in the hands of the house-mother. The specialized care of the children, especially the sick ones, is performed by a number of nurses from a Swiss sisterhood.

The institution is designed primarily for natives of Switzerland from all parts of the country.

THE EDUCATION OF CRIPPLED CHILDREN¹

GWILYM G. DAVIS, M.D.

Philadelphia, Pa.

Orthopedic surgery as a specialty is of comparatively recent growth. At present it can truthfully be said that in this country it has definitely achieved for itself a place as a distinct branch of surgery. It was formerly regarded as a department of general surgery and the general surgeon was considered qualified to practise it. The domain of general surgery has, however, of recent years so broadened, especially as regards the various viscera, that it is becoming recognized that it is impossible for one individual to qualify himself properly to practise in all departments. Orthopedic surgery demands of him who practises it qualifications which are quite at variance with those which fit one for other fields of surgery. Radical procedures characterize general surgery, but conservation is the watchword of the orthopedic surgeon. His whole object is to conserve failing energies and restore useful function. A cripple is a menace both to himself and the community and is apt to become a burden on his relatives, his friends and the public. The aim then is so to improve his physical condition and character as to make him, to as great an extent as possible, self-supporting, self-respecting, self-reliant and able and willing to take and perform his part in the communal life. In order to accomplish this it is necessary that the work must be done by those who are willing and qualified to do so. It is obviously useless to expect a general surgeon, actively engaged in general operative work,

¹Presidential address before the American Orthopedic Association. Reprinted by permission from the *American Journal of Orthopedic Surgery*, Philadelphia, 1914-1915, xii, 1-4.

to take the time necessary to become familiar with the educational, functional and vocational problems ever present in orthopedic cases. It is likewise obvious that if he does not appreciate the problems involved he is absolutely helpless to remedy them. Notwithstanding this sharp line between the orthopedist and general surgeon the former has had to fight for his separate existence. Perhaps this is one reason why the attention of the orthopedic surgeon has too often been confined to the elaboration of a special line of orthopedic technic, to the devising of new operations, more ingenious appliances, novel methods of treatment and the like. All these are to be desired, but there still remains a factor which if ignored will render most of the previous surgical work useless, and that is education. By education is meant training, training not only of a limb but of the body, the mind and the formation of character.

If we ignore or lose sight of this fact much of our work goes for naught. Of what use is it for us to labor for perhaps years to restore a limb only to find that the patient does not desire to use it after it has been restored? On one occasion I gathered together enough money to provide a one-legged man with an artificial leg. When, however, he found that if he used the leg it would interfere with his begging and posing as a poor, helpless cripple, then he would not take the artificial leg as a gift. Here we have a case in which the bad moral character of the individual rendered useless all the good offices of orthopedic surgery. It has already been pointed out by others that cripples as they grow acquire what has been called a 'mental warp' which is in the highest degree detrimental to their development and progress. The orthopedic surgeon has been so busy with his surgical technic and work that I believe he has not given sufficient attention to this question of proper development. It is one of the greatest difficulties that humanitarians have to deal with, to find that, after perhaps years spent in bringing a cripple to such a state that he is able to work, that he does not desire to work. To find that, during the time he has been under surgical

treatment, he has become so backward in knowledge, so accustomed to rely on others satisfying and providing for his needs, and so fixed in his assurance of being taken care of in the future without effort on his part, that no matter how perfect in his ultimate physical condition, he is not willing, possibly mentally not able, to do what he really should to contribute to the general welfare. It is not fair and it is not just that we as orthopedic surgeons should confine our work and efforts to solely the medical care of our patients. We can do more and we should do more. Quite recently a turn for the better has been taken, but the problem is not a simple one. As an illustration: Suppose a child is treated by confinement to bed for one year, say for hip disease. It seems to me that while the surgeon is treating the medical condition it is his duty, as far as he can, to see that its mental and moral condition does not deteriorate. It is not meant that the sick child should be disciplined and taught exactly as it would be were it well, but rather that the parents should be cautioned not to pamper and spoil it and foster habits of selfishness; also that it should be given such instruction as is suitable to its condition. If this is done then, when the end of the year has arrived and the child is cured, it can resume its place among its comrades with the least possible handicap both in regard to its knowledge and character. The father of a boy, eighteen years of age, with coxalgia, informed me that his son has had only two years of schooling. In this case the warped mentality was quite marked. These cases are not handled right and while the responsibility lies greatest on the parents it is, to my mind, the duty of the orthopedist to advise and assist. We are not solely the medical attendants of these cripples, but also to a certain extent their guardians. We are the ones who, better even than the parents, can decide to what extent training can go hand in hand with treatment. Formerly doctors and nurses were the only attendants in our wards, but now we have in addition a teacher and worker who endeavors to aid in lessening the disability entailed by the disease. The State is beginning to

recognize its duty in this direction and finds that it is good public policy to provide instruction for orthopedic patients. The public school system has, in this city, provided our hospitals with several teachers who do what they can to prevent the children falling helplessly behind in their studies. For the out-patient poor the corps of social service workers here find a useful sphere. It is our duty as surgeons to work more in harmony with them. By so doing, our medical work will become more philanthropic and their altruistic work will become more truly useful. It is not, however, only our hospital patients that are to be looked after, but our private patients should not be neglected. These latter can almost always be provided by their parents with suitable teaching and training if only we, their advisors, call their attention to the necessity of preventing their crippled children from acquiring this undesirable 'mental warp' and insist that they see that their education and training be not unduly neglected. This is a field which has not been recognized as it should be, but as our surgical treatment becomes more standardized the sphere of our work becomes wider and it is our duty now to do what we can, not only to treat cripples surgically but also to aid in their proper mental and moral development.

OPEN AIR TREATMENT FOR CRIPPLED CHILDREN;
THE COUNTRY HOME FOR CONVALESCENT
CHILDREN

DOUGLAS C. McMURTRIE

New York

Fresh air in abundance and a prolonged period of outdoor life have long been recognized as the most desirable conditions in the treatment of crippled children—particularly those of the tubercular type. Yet few institutions are designed primarily to meet this need and few are even in a position to keep their patients under treatment for an adequate length of time.

In many ways one of the most efficient types of institution is the one located in the country, yet near enough to a large city to avail itself of the services of eminent orthopedic surgeons. There are several such establishments in the United States. It may be of interest to describe the equipment and work of one of the youngest—yet one of the most enterprising—the Country Home for Convalescent Children, located at Prince Crossing, Illinois, and within a short distance of the city of Chicago.

The Country Home for Convalescent Children was opened on July 10, 1911. It was founded as the country branch of the Home for Destitute Crippled Children, located in the city of Chicago, but for considerations of administration and finance was later incorporated as a separate institution. At the present time as many cases as desired are sent by the Home for Destitute Crippled Children free of all expense to them, but children are also received from other hospitals in Chicago which do orthopedic work. The institution is affiliated with Rush Medical College. Its chief of staff is Dr. John Ridlon, the attending orthopedists

Dr. Wallace Blanchard and Dr. Charles A. Parker, and the attending physician Dr. Richard B. Oleson.

Children are received between the ages of four and fourteen. Pulmonary tubercular cases and obviously feeble-minded children are excluded. No racial or religious discrimination is made. The most creditable feature of the work, however, is that the children are taken to stay as long as may be necessary to effect a cure or recovery. The aim of the work is to accomplish permanent results—to do what is done thoroughly.

The main part of this work is, of course, the careful attention the child receives at the Home, and the chief therapeutic agents are fresh air and nourishing food. But the responsibility of the institution is also considered to extend beyond the time of discharge. Before children are sent out from the Home a careful investigation is made of the home conditions to which they will return. If these prove of such a character as to be detrimental to their health and welfare, other arrangements are made for their future. In many instances such inquiry proves urgently necessary, and frequently saves the patients from most unfortunate experiences.

Having thus given a brief sketch of the aims and scope of the work, we may pass to a description of the facilities available. In the first place the institution is located on a farm of ninety-six acres, this being operated by a farmer living on the property. A modern barn, a new silo, a model dairy, and other structures make possible extensive production, and cows, pigs, chickens and the like are maintained for the use of the institution. A good milk and egg supply is thus assured.

The buildings are constructed mainly of concrete and are practically fireproof. The main building used for administration and residence has open air porch wards at either end and the intermediate wards have complete cross ventilation. On the ground floor there are sheltered porches where the children may be kept in the open at all times.

Next to main building is the educational building, but



I. MAIN BUILDING AND EDUCATIONAL BUILDING



II. PERGOLA FOR REST IN OPEN AIR



III. ISOLATION BUILDING

[COUNTRY HOME FOR CONVALESCENT CHILDREN, PRINCE CROSSING, ILL.]

AMERICAN JOURNAL OF CARE FOR CRIPPLES
VOLUME II
PLATE III



- I. A WARD IN THE MAIN BUILDING
II. THE FAMILY OF THE HOME

[COUNTRY HOME FOR CONVALESCENT CHILDREN, PRINCE CROSSING, ILL.]

AMERICAN JOURNAL OF CARE FOR CRIPPLES
VOLUME II
PLATE IV



I. SEWING CLASS IN THE OPEN

II. NOONDAY REST HOUR

[COUNTRY HOME FOR CONVALESCENT CHILDREN, PRINCE CROSSING, ILL.]

AMERICAN JOURNAL OF CARE FOR CRIPPLES
VOLUME II
PLATE V



I. CLASS IN MANUAL TRAINING
II. THE CLASS AT WORK

[COUNTRY HOME FOR CONVALESCENT CHILDREN, PRINCE CROSSING, ILL.]

recently completed. The first floor of this is devoted to school and industrial work while the second provides three additional wards. One of these has been endowed by Mr. J. Ogden Armour, one by Mrs. John W. Gates, and one by Mrs. Edward Morris.

There is also an isolation building, reserved for emergency use in case of the outbreak of any epidemic among the patients. This building is not utilized regularly for the isolation of newly admitted patients, the institution requiring the hospitals from whom children are received to isolate them a proper period before transfer.

Particular attention has been paid to fire protection. As stated, the construction is practically fireproof. In addition to an adequate individual water supply, there are hydrants and extinguishers throughout the buildings. It has recently been decided that the fire escapes were not the best type for the use of crippled children so the installation of spiral chutes from the second floor to the ground is now being considered. Fire drills are held from time to time, so arranged that the children do not know whether the alarm is for a real fire or a drill.

The items of incidental construction are good. The interior finish and equipment is modern. The floors are in tile, cement, and maple; the walls painted or finished in enamel; cork matting is laid in the halls.

The wards are roomy with beds placed at comfortable intervals. At the foot of each bed is an individual box in which the child may keep his or her belongings.

From the time the children arrive at the Home until they leave, they are under expert orthopedic supervision. Although the expense is considerable, the patients are provided with braces as early as possible. After dinner, which is at noon each day, they are all bundled up in sweaters and wraps and put out-of-doors to rest for two hours.

There is a trained superintendent in charge of the Home and the nursing staff, and there is conducted a course of lectures to train young women as children's nurses and for other duties.

This feature of work was established by Mrs. Cyrus H. McCormick as a memorial to her husband.

The educational work is largely individual. Any classes are small in number, made up sometimes of three or four, sometimes of eight or ten children. The work is done at various hours of the day, considerations of the children's health—fresh air, rest, and so forth—always taking the precedence.

Industrial instruction is given in several subjects, though the extent of such work is naturally limited by the ages of the children. The girls are taught fine needlework and mending, and such housework as their disabilities permit. The boys are given manual training, and in their small carpentry work make very attractive toys, bed tables, and other articles. The Home has established a sale for all the work done by the children, this being carried on by members of the board. Half of the profit goes to the individual worker and half to the institution. One boy, an infantile paralytic in both limbs, does all the mending of shoes for the Home, and also for many of the farmers in the neighborhood.

Bank accounts are started for the children and many of them have quite respectable balances.

An exceptionally competent teacher is in charge of the general educational work, this department being supported by Mr. Armour. The domestic science and manual training teachers are provided by R. T. Crane, Jr.

As much of the educational work as possible—either primary or industrial—is done out of doors. A common sight is the sewing class, with its instructor, working out on the porches in fair weather.

Instruction in farm work was attempted at first but it was found that most of the farming operations were too heavy for the physical strength of crippled children. An extensive system of gardening work has been established, however, and each child has his individual garden and cultivates flowers and small truck vegetables. This keeps them in the open air, gives them profit-

able experience in the use of their hands, and makes them familiar at first hand with the processes of nature.

For several hopelessly incurable children, beds have been specially endowed so that they may receive care as long as they may require it, and an effort is made to teach them something that will help to make them self-supporting.

An interesting characteristic of the institution is revealed in the source of its funds. Though most of the support has been obtained through the effort of the institution's president, Mrs. William J. Chalmers, it is in no sense a 'one-benefactor' organization. An unusual number of people have made it really large gifts, donating land, erecting buildings, endowing wards, beds and rooms, and the like. The building of the Home was first made possible through the large subscription made by J. Ogden Armour, who has since continuously aided the Home as its enlargement required. The farm was given by Richard M. Sears, the educational building by John G. Shedd, the isolation building by James A. Patten, the dairy by Bertram M. Winston, the stable and cow barn by Charles G. Gates.

The management of the Home is in the hands of a board of trustees, men and women resident in Chicago, assisted by an advisory board of business men. The property is subject to no mortgages or encumbrances and the institution owes no debts of any kind. It is growing rapidly, but always within its income. The permanent endowment fund, invested in first mortgage bonds and farm mortgages of the highest character, amounts to \$184,000, which will be materially increased by pledges accruing during 1915. The trustees and officers are:

Mrs. William J. Chalmers, *president*; Mrs. Reuben H. Donnelley, Mrs. Thomas R. Lyon, *vice-presidents*; Colin C. H. Fyffe, *secretary of corporation*; Mrs. Charles H. Schweppe, *recording secretary*; Mrs. William C. Pullman, *corresponding secretary*; Norman Williams, *auditor*; E. D. Hurlbert, *treasurer*. *Board of Trustees*: Mrs. Frederick C. Bartlett, Mrs. Arthur D. Bevan, Miss Helen Birch, Miss Edith Blair, Mrs. John Borden, Mrs. John A. Carpenter, Miss Margaret Conover,

Mrs. J. G. M. Glessner, Mrs. A. W. Holmes, Mrs. Hugh McBirney Johnstone, Miss Elizabeth McCormick, Mrs. Honore Palmer, Mrs. Potter Palmer, Jr., Mrs. John Stevenson, Mrs. James W. Thorne, Mrs. Norman Williams, Mrs. Mark Willing, F. A. Winkleman, Bertram Winston. *Men's Advisory Board:* J. Ogden Armour, James A. Patten, John G. Shedd, Charles G. Dawes, William J. Chalmers.

The results of the work are already manifest. Children have been received and cared for until complete recovery has been effected. All experience has tended to justify the primary objects of the work: the provision for crippled children for as long a period as their needs require, and laying the foundation for a future of some promise. The watchword of the Home is "Save, cure, *educate*."

THE DEVELOPMENT OF A SMALL ORTHOPEDIC HOSPITAL

MARY R. TOOKER

East Orange, N. J.

The work of the New Jersey Orthopaedic Hospital and Dispensary was inaugurated on a Saturday afternoon in the fall of 1904. Much preparation had preceded this opening day—many long trips to New York and back for years on the part of patients in charge of interested friends to obtain proper orthopedic care; many attempts to have an orthopedic department established in the general local hospital, many consultations with the New York specialist as to the possibility of opening a small orthopedic dispensary in Orange.

This preparatory work resulted in the lending of an office, for one afternoon a week, by a local physician (Dr. Henry A. Pulsford) who believed in the need of orthopedic work in Orange, and the hiring and furnishing of one room in the Orange Valley Nurse's Settlement, with one crib and a nurse to care for its occupant.

More important than all—Dr. Russell A. Hibbs, surgeon-in-chief of the New York Orthopaedic Hospital had volunteered his time and services on Saturday afternoons until such time as the work should be firmly established.

Our fear lest there would be so few patients as to discourage the New York specialist was unfounded. Twenty-five patients, of all ages, crowded the halls and little office that first afternoon and kept all busy until after dark.

The growth of the hospital and dispensary since the beginning has been a very steady and normal one, the work always leading to larger things.

Soon the weekly clinic was changed into two each week, the one office room increased to two, the one crib to four. Then a house was hired and eight beds installed in the hospital department, an orthopedic matron put in charge with increased nursing staff, the dispensary and hospital being in the same building.

Dr. Hibbs continued to make weekly, then semi-weekly visits for three years, until the work, firmly established, was put into the hands of one of his assistants from the New York Orthopaedic Hospital.

Two years ago it was found necessary to increase the ward room to accommodate the waiting patients. The number of beds was doubled, making sixteen in all, and the dispensary was moved into the ground floor of a rented building on the main street of the city. Bringing the dispensary within easier reach of patients has served to increase the number of visits of old patients as well as of new ones. From twenty-five to thirty-five or forty is an average attendance. The larger proportion of these have not had orthopedic care before. Patients have applied for treatment from ten or twelve neighboring towns.

Operations are performed at the hospital weekly. Crowded wards and a long waiting list serve as a constant reminder that we have again outgrown our quarters and must soon look for a larger and more permanent home.

The cost per capita per day is \$1.34. A most friendly feeling exists between the Orthopaedic Hospital and the various other local institutions which are working for better health and social conditions in the Oranges. To one of these, the Fresh Air Committee, the crippled children owe their pleasant summer outings at Bradley Beach. A cottage is put at the disposal of the hospital, and both old and new cases are given weeks of vacation at the seashore. These visits go far towards perfecting a cure or making an operation unnecessary.

Two aspects of the work are worthy of special notice. From its foundation until the present time, the clerical work of the

dispensary has been in the hands of a Board of Trustees or the Auxiliary. This method started by members of the Board of Trustees, and later transferred to the Young Women's Auxiliary, has insured such personal acquaintance with patients in both hospital and dispensary departments as is seldom found in an institution of this character. A clinic has somewhat the atmosphere of a reception when an old patient returns after an absence, and new patients are welcomed with a friendliness which does much to insure a second visit. This acquaintance helps in the adjusting of the brace accounts, which are run on the installment plan, weekly payments being required when possible.

A visiting nurse gives her time to following up cases in their homes, doing dressings when necessary, and preventing patients with long-standing cases from getting discouraged.

The second unique feature is the school work. One of the earliest hospital cases was a young girl with hip joint disease. Now well, she has come back to the hospital in the capacity of teacher. Each morning from nine to twelve there are taught such lessons as will enable the children to enter their grade classes on returning to school. Sewing, basketry and the making of wicker furniture for their dolls are also taught to the children confined to their beds, as well as to those who are able to sit outdoors and work with their hands.

The aim is to make the hospital as much like a home as possible, with emphasis on the normal everyday things which unite these children to all child-life, and to put into the background as far as possible those things which separate them and put them in a class by themselves.

Up to the present time we feel that this aim has in a large degree been successfully accomplished.

A STUDY OF THE CHARACTER AND PRESENT STATUS OF PROVISION FOR CRIPPLED CHILDREN IN THE UNITED STATES

DOUGLAS C. MCMURTRIE
New York

The care and education of cripples is a comparatively new subject, at least in comparison with provision for other types of the physically handicapped. But the need was a real one, the demand urgent, and the growth has been proportionately rapid. In 1890 there were but five institutions for crippled children in the United States; since then special institutions for their care have multiplied sevenfold.

The development in each locality has, however, been independent of work elsewhere, and there has been practically no interchange of experience. Many have been making the same mistakes, meeting the same obstacles, achieving the same successes, without knowing of each other's efforts. The field of work for cripples was one, therefore, which peculiarly invited a careful and exact study in order to set forth for mutual benefit the fruit of experience up to the present time.

This opportunity for valuable service was grasped by the Child Helping Department of the Russell Sage Foundation when it entered upon a study of the institutional work for crippled children in the United States. An exhaustive report¹ of this investigation has just been published. Its findings are of such importance as to warrant detailed consideration.

The book presents a comprehensive survey of American institutions for crippled children, which is accurate and reli-

¹EDITH REEVES. Care and education of crippled children in the United States. Introduction by Hastings H. Hart, LL.D. (Russell Sage Foundation Publication.) New York, 1914.

able. The findings are in the main sound and conservative. The result is a credit to the ability of the investigator, Miss Reeves (now Mrs. Solenberger), and to the foresight and judgment of Dr. Hart, Director of the Department of Child Helping.

The investigation was first undertaken at the suggestion of Dr. Bradford of Boston to study primarily the matter of vocational training, but it was found necessary to cover first the field of institutional work.

The method of study was personal visitation of the individual institutions by the investigator. All of the institutions (with the exception of one in the far West) were visited once and many of them twice. After a general acquaintance with the field and its problems had been secured, definite points on which data were desired were decided upon, and on subsequent visits the information was carefully recorded.

After the completion of the field work, the statistics were compiled and the general deductions made. Throughout the study, hearty co-operation was obtained from the officers of the individual hospitals and homes.

In all, sixty-four institutions were studied. Of these, the work of thirty-seven, which make residential provision for cripples exclusively and are open all the year, is presented statistically in detail. The work of the remaining twenty-seven is described, but is not represented in the statistics.

After a discussion of the scope of the study, the author passes to a consideration of three leading features of work for crippled children: (a) physical care, (b) special provisions for education, and (c) handwork and vocational training. There is next presented in summary and detail the statistical findings, and finally, in one of the most interesting sections of the book a detailed description of each institution.

The thirty-seven institutions studied in detail were classified according to character in three groups, ten as hospitals, fourteen as convalescent hospitals or homes, and thirteen as asylum homes. "This classification is not borne out by the names of

all the institutions. Some of the early hospitals were organized many years ago as homes for crippled children, and the old titles have been retained since the institutions developed into hospitals. A number could easily be classed in either of two of the three groups. It has been necessary, therefore, to put each institution into the group whose general type it most nearly resembled." The institutions coming within each group are listed in the tables reproduced later in the present article.

The physical care of crippled children is generally acknowledged to be the feature of primary importance. If the proper surgical and convalescent treatment can be provided at an early enough age, a considerable proportion of crippled children can be cured and restored to a normal status. This automatically solves the problem of future care and vocational training.

This is clearly set forth. "All efforts in behalf of crippled children must be based upon sound policies of surgical treatment and general physical care, which aim to cure the diseases and correct the deformities of the children whenever that is possible, and to return them to conditions of living on a plane with those of children who have not been crippled. It is equally true that for the crippled children whose handicaps cannot be entirely removed, the first aim should be the elimination, in as large a measure as possible, of the difficulties which set them apart from children who have no physical defects."

And though the physical care seemed the feature of most moment, it seemed the best provided for. Miss Reeves found almost universally competent orthopedic service freely given, with the results of the work highly effective.

The nursing provision in the various institutions is discussed in detail, as also the visiting nursing in connection with dispensary work. This latter is coming to be most important, as it greatly increases the effectiveness of out-patient departments, but it is a field which should be much further developed. According to the findings at the time the study was made: "Only three out of the nine institutions [with dispensaries] recorded

a number of visits paid to homes by visiting nursing which was commensurate with the size of the dispensary service, namely, the New York Orthopædic Dispensary and Hospital, the New Jersey Orthopaedic Hospital and Dispensary, and the Kernan Hospital and Industrial School in Baltimore." There are also interesting systems in other hospitals not among those tabulated.

The subjects of physical culture and gymnastics, dietary, living conditions, and provisions for quarantine are also considered as factors of physical care.

The important question of education receives adequate consideration. Miss Reeves reports a general recognition of the impracticability of meeting the educational needs of most crippled children in regular school classes attended by healthy children. In consequence, special classes for cripples have been opened in public and private day schools and in many residential institutions.

There is brought up one most interesting suggestion which would profit from further discussion by those engaged daily in the actual educational work. The point comes up in the following paragraphs:

Some of the problems which must be solved in the education of crippled children are produced by the fact that both curable and incurable crippled children are usually taught in the same special classes. A large proportion of crippled children can be cured or so far helped that in the course of time they will be able to re-enter regular classes in the public schools. Many of these temporarily crippled children find in the special classes a much needed opportunity to 'keep up' with their school work in so far as their physical condition permits. But there are also considerable numbers of crippled children whose cure is impossible, or possible only after years of treatment. These children need a complete system of education which will develop such powers as they possess.

The teacher of crippled children has to deal with some who are familiar with public school routine and have much the same point of view as the normal pupils, together with a large number who have

never been able to attend the regular schools or to associate freely with other children. It is not intended to suggest that crippled children can be divided accurately into the two groups mentioned. The crippled child may differ greatly or to only a slight extent from the normal, sound child of his own age in general strength and in point of view; and the graduations are numerous between: for example, a boy who has been a vigorous urchin until he lost a leg in a trolley accident at twelve or fourteen and, on the other hand, a child who has been paralyzed from the age of three or four, or one who has been fighting to overcome bone tuberculosis since an early age. It is important that every teacher of crippled children should have an elementary knowledge of the different physical difficulties which have caused them to become crippled, and that she should know in the case of each individual child how long he has been in a handicapped condition, and in what degree his life has differed from that of a normal child up to the time when he entered her class.

The matters of schoolroom equipment and curriculum next come up, and there is then given considerable space to the public school classes for cripples. This particular field of work is an exclusively Anglo-Saxon development which is of unusual interest to continental students of the subject. The work along this line promises rapid extension.

One of the most difficult features in the care of crippled children has proven to be industrial training with a view to subsequent self-support. The author here points out that adequate training is far more important in degree to the crippled than to the normal child. "The success of such training for normal children is judged according to the ability of the trained pupils to take better positions and advance more rapidly than the untrained. The benefit of industrial training can be judged only by comparing those who are trained with untrained children who are also crippled. When crippled children who would otherwise fail as producers are able to earn part or all of their own living after special training, the value of that training must in many cases be judged by the difference between

the measure of success they do attain and complete dependence."

One of the principal pitfalls in the choice of subjects for industrial work has been the persistence of the 'traditional' manual training subjects as, for instance, basketry, chair-caning, and the making of fancy articles. "The fact that it is hard to secure steady employment or reasonably good wages by making such articles outside the institution and away from the possibility of a 'charity' demand for the things made, has been too often forgotten." The study showed, however, the development of general discontent with these subjects, and a tendency to branch out into more practical lines. In the choice of occupations the prevailing wage scale of the trade is another important factor.

In the chapter devoted to statistics are presented summaries of the various totals and averages. The thirty-seven institutions studied in detail had a capacity of 2,474, with an average number of children under care during the year of 1,968. The average ratio of children to employees was found to be 2.3. The other tables concern floor space, cost of plant, current expense, salaries and wages, food cost per capita and per diem, sources of income, public funds, admission and discharge, school statistics, hand work, and dispensaries.

This statistical section will probably have a more restricted appeal than the earlier part of the book. The careful work on these details, however, should prove of very considerable value to those planning future developments. A humorous sidelight on this particular section of the study is the amazement engendered in the managers of the institutions by "their measuring every room in the building."

The tables of widest interest are probably those relating to the rules of admission and discharge. These are reproduced herewith.

RULES OF ADMISSION AND DISCHARGE IN 10 HOSPITALS

Hospital	Kinds of orthopedic cases taken and preferred	Physical and mental restrictions and preferences	Usual period of stay in institution
ILLINOIS Chicago Home for Destitute Crippled Children	All kinds	Feeble - mindedness, epilepsy, and lung tuberculosis excluded	Until dispensary care can be safely substituted
MAINE Portland Children's Hospital	All kinds	None; cases of lung tuberculosis isolated	Until dispensary care can be safely substituted; average 97 days
MINNESOTA St. Paul State Hospital	All kinds	None	As long as benefited by hospital care; average one year
NEBRASKA Lincoln Nebraska Orthopedic Hospital	All kinds	None	As long as benefited by hospital care; average 250 days ^a
NEW JERSEY Newark Home for Crippled Children .	All kinds	Lung tuberculosis and feeble-minded cases not desired; sometimes taken	Transfer as soon as possible to dispensary; great demand for beds
Orange New Jersey Orthopædic Hospital and Dispensary .	All kinds	Lung tuberculosis excluded	Until dispensary care can be safely substituted; average 3 months
NEW YORK New York City Hospital for Deformities and Joint Diseases	All kinds	Lung tuberculosis excluded	Until dispensary care can be safely substituted; average 6 months
Hospital for the Ruptured and Crippled	All kinds	None	Until dispensary care can be safely substituted; average 65 days
New York Orthopædic Dispensary and Hospital .	All kinds	Lung tuberculosis excluded	Until dispensary care can be safely substituted; average 50 days
WASHINGTON Seattle Children's Orthopedic Hospital	All kinds	Lung tuberculosis excluded	Until dispensary care can be safely substituted; average 44 days

^a Aim to develop educational work and keep children until self-supporting.
^b Plan to start visiting nursing.
^c Some exceptions.

RULES OF ADMISSION AND DISCHARGE IN 10 HOSPITALS (continued)

After care and visitation	Ages received	Age limit for discharge	Sexes received	Color restriction	Financial terms	Geographical restrictions and preferences
Through dispensary only	2½ to 11 ^c	12 ^c	Both	None	Usually free; maximum charge \$5 a week ^c	Intended for residents of Illinois. Rule not strictly followed
Through dispensary and systematic visits by one agent of Maine Children's Committee	Any under 21 ^d	No rule	Both	None	Medical service free; patients pay for braces; board often free; maximum charge \$1 a day	In-patients must be residents of Maine. Out-patients no restrictions
None	Any under 16	No rule	Both	None	Free	Minnesota children only
None	2 to 18; a few adults	No rule	Both	None	Free	Must have been resident in Nebraska one year
Through dispensary only	All	No rule	Both	None	Usually free; a few pay \$1 to \$10 a week	None
Through dispensary and systematic visits by one nurse (half time)	Boys 1½ to 16; girls 1½ to 16	Boys 16; girls no rule	Both	None	Usually free; maximum charge \$5 a week	Preference given to New Jersey children
Through dispensary only ^b	All	No rule	Both	None	Usually paid for by relatives or city; some free; some private	None
One social service worker recently engaged	4 up ^a	No rule	Both	None	About 60 per cent paid by city; 20 per cent free and 20 per cent pay	None
Through dispensary and staff of 5 visiting nurses	2 to 14 and adult women ^a	No rule	Both	None	94 per cent free; occasional payments \$4-\$7 a week	None
Through dispensary and visiting nurses	Any under 16	No rule	Both	None	Usually free; maximum charge \$10 a week	None

^d Charter permits taking of adults.
^c All ages treated in dispensary.

RULES OF ADMISSION AND DISCHARGE IN 14 CONVALESCENT HOSPITALS OR HOMES

Convalescent hospital or home	Kinds of orthopedic cases taken and preferred	Physical and mental restrictions and preferences	Usual period of stay in institution
ILLINOIS West Chicago Convalescent Home for Destitute Crippled Children	Curable cases; no bed patients at present	Backward children received, but none obviously feeble-minded; no lung tuberculosis	At least until cured
MARYLAND Baltimore Children's Hospital School	Cases likely to be cured or distinctly improved	Lung tuberculosis and feeble-mindedness excluded ^a	Until benefited as much as possible
Baltimore Kernan Hospital and Industrial School for Crippled Children	All kinds	Backward children received, but none obviously feeble-minded; no lung tuberculosis	Plan to keep until as much benefited as possible ^a
MASSACHUSETTS Canton Massachusetts Hospital School	All kinds	Feeble-minded and epileptic cases excluded	Until benefited as much as possible
MICHIGAN Detroit Van Leuven Browne Hospital School	All kinds ^b	None	As long as they need a home
MINNESOTA Phalen Park, St. Paul State Hospital and School for Crippled Children	All kinds	Lung tuberculosis and feeble-mindedness excluded	Until benefited as much as possible ^c
NEW YORK Coney Island Sea Breeze Hospital	Tuberculosis of bones and glands only. Preference to bone tuberculosis	Because of great demand seldom take feeble-minded or chronic cases	Until benefited as much as possible
Garden City House of St. Giles the Cripple	All kinds	Very few feeble-minded cases; no new ones will be taken	Until benefited as much as possible, or as long as they need a home
Port Jefferson St. Charles Hospital for Crippled Children ^a	All kinds	None ^d	Until benefited as much as possible, or as long as they need a home
West Haverstraw State Hospital for Crippled Children	All kinds	Feeble-minded cases not often taken	As long as in need of convalescent care
White Plains Country Branch New York Orthopaedic Hospital	Curable cases; especially bone tuberculosis	Lung tuberculosis excluded	Until cured and probability of relapse is past
PENNSYLVANIA Philadelphia Widener Memorial School	Permanent cripples, yet not absolutely helpless	Accept only those likely to become partially self-supporting. No lung tuberculosis, feeble-minded or backward children	Until 18 to 21 for purpose of industrial training
Pittsburgh Industrial Home for Crippled Children	All kinds	Preference to those likely to profit by industrial training. No lung tuberculosis, no feeble-mindedness	At least until benefited as much as possible; occasionally longer for purposes of education
Sewickley Sewickley Fresh Air Home	All kinds	Children with lung tuberculosis or markedly feeble-minded or epileptic, excluded	Until benefited as much as possible

^a Department of Brooklyn Home for Blind, Crippled, and Defective Children.

^b Occasional non-orthopedic cases.

^c Feeble-minded children segregated.

^d May decide to keep for industrial training when organized.

^e Most institutions which have no formal system of after care keep in touch with many discharged children through correspondence and visits of the children to the institution.

^f Occasional exceptions as to feeble-minded.

^g This policy is not fully carried out because of demand for beds.

^h Expect to employ visitor.

RULES OF ADMISSION AND DISCHARGE IN 14 CONVALESCENT HOSPITALS OR HOMES (continued)

After care and visitation	Ages received	Age limit for discharge	Sexes received	Color restriction	Financial terms	Geographical restrictions and preferences
New institution; policy not definitely decided	4 to 14	No rule	Both	None	Free	Cases transferred from Home for Destitute Crippled Children, Chicago
None ^a	3 to 10	13	Both	White only	Usually free; maximum charge \$7 a week	Preference given to Maryland children
Through dispensary and staff of 3 visiting nurses	Up to about 16	Undecided	Both	White only ^p	Usually free; maximum charge \$14 a week	Preference given to Maryland children
None ^b	5 to 15	No rule	Both	None	State, cities or towns. Parents pay \$4 a week if able	Must be residents of Massachusetts
None ^b	3 years up ⁱ	No rule	Both	White only	Usually free; maximum charge, \$5 a week	None
None ^b	5 to 17 ⁱ	Undecided	Both	None	Free	Minnesota children only
Visits by agents of the Association for Improving the Condition of the Poor	2 to 12	No rule	Both	None	Usually free	None
None ^b	Up to 16	.. °	Both	None	Usually paid for by city	None
Visits by agent of Catholic Orphan Asylum Society	No rule ^k	No rule	Both	No rule	City cases at \$.40 a day, others free or payment small	Most children from Brooklyn; none from Manhattan; a few from other states
None ^b	4 to 16 ⁱ	No rule	Both	None	Free; parents furnish clothing if able	Must be resident of New York State one year
None; if necessary would be supervised by nurses of city branch ^k	3 years up ^k	No rule	Both	None	Usually free. A few pay something	None
Plan boarding home for discharged children who are partially self-supporting	4 to 10 ^m	21	Both	White only	Free	Preference first to residents of Philadelphia; second, Pennsylvania outside of Philadelphia; third, any other states
None ^b	3 to 12 ⁿ	No rule	Both	No rule; no colored children yet taken	Usually free; maximum charge \$1 a day	Pennsylvania children only
None ^b	3 to 12 ⁱ	No rule	Both	White only	Free	No rule; so far, all but one from Pennsylvania

ⁱ Occasional exceptions.

^k Probably would not take boys over 12 years.

^m All children must be indentured to the institution until 21. ⁿ Occasionally receive children under four years.

^o If children remain after 16 they become "helpers" and may stay indefinitely.

^p Colored children treated at city dispensary.

ⁱ Occasionally under five.

ⁱ Occasionally receive children under four years.

ⁿ Occasionally receive children over 12 years.

RULES OF ADMISSION AND DISCHARGE IN 13 ASYLUM HOMES

Asylum home	Kinds of orthopedic cases taken and preferred	Physical and mental restrictions and preferences	Usual period of stay in institution
CONNECTICUT Newington Virginia T. Smith Home for Incurables	All kinds	Lung tuberculosis excluded ^a	Until benefited as much as possible; longer if they need a home
ILLINOIS Chicago Happy Haven	No children unable to attend public school classes for cripples	Lung tuberculosis excluded	As long as they need a home
Maywood Home for Disabled Children .	Cases not requiring surgical treatment	Feeble-minded, deaf and blind cases and those with lung tuberculosis, excluded	Until self-supporting or a good home is found
MASSACHUSETTS Hyde Park New England Peabody Home for Crippled Children .	All kinds	Lung tuberculosis and feeble-mindedness excluded	Until benefited as much as possible; or until self-supporting if they have not good homes
NEW JERSEY Englewood Daisy Fields Home and Hospital for Crippled Children	Curable cases, able to walk	Lung tuberculosis and feeble-mindedness excluded	Until benefited as much as possible; longer if they need a home
NEW YORK Buffalo Crippled Children's Home .	All kinds	Children with lung tuberculosis or markedly feeble-minded or epileptic excluded	Until benefited as much as possible; longer if they need a home
New York City Darrach Home	All except helpless cases ^b	Lung tuberculosis excluded	As long as they need a home
House of the Annunciation for Crippled and Incurable Children	All except meningitis; no long-time bed cases	Children with lung tuberculosis, ^d epilepsy, St. Vitus' dance or syphilis excluded	As long as they need a home
New York Home for Destitute Crippled Children ^a . . .	Cases not requiring surgical care or nursing	Lung tuberculosis and feeble-mindedness excluded	Until age limit if they need a home
OHIO Cleveland Holy Cross House	All kinds	Children with lung tuberculosis, known to be feeble-minded, or requiring special diets, excluded	As long as they need a home ^e
PENNSYLVANIA Philadelphia Children's House of the Home for Incurables	All kinds of incurable cases	Children with lung tuberculosis or feeble-minded or epileptic excluded	Most cases permanent; transferred to adult department at various ages
Home of the Merciful Saviour for Crippled Children .	All kinds	Lung tuberculosis and feeble-mindedness excluded	Girls as long as they need a home. Incurable boys transferred to institutions for adults at about 16
House of St. Michael and All Angels	All kinds	Lung tuberculosis and feeble-mindedness excluded	Boys must leave at 10. Aim to place girls at service at about 18

^a Institution closed since this study was made.

^b Plan to take no feeble-minded cases.

^c Possible exceptions in cases under four years, slightly affected.

^d Do not plan to keep adult cases.

^e Some exceptions.

RULES OF ADMISSION AND DISCHARGE IN 13 ASYLUM HOMES (continued)

After care and visitation	Ages received	Age limit for discharge	Sexes received	Color restriction	Financial terms	Geographical restrictions and preferences
By agents of Connecticut Children's Aid Society	2 years up ^a	No rule	Both	None	State pays \$3 a week for one-half; a few free. Relatives or towns pay something for others, usually \$1 a week	Connecticut children except in rare instances
None ^f	School age	No rule	Both	None	Usually free; 1 pays \$4 a week	None
By agents of Children's Home Society	No infants. None over 8	No rule	Both	None	Usually free; parents may contribute to home	None
None ^f	To 12	No rule	Both	None	Usually free; maximum charge \$3 a week	New England children
None ^f	3 to 10	Boys, 14, girls, no rule	Both	White only	Usually free; a few pay small amounts	None ¹
By members of a visiting committee, who also co-operate with other agencies	Up to about 16	No rule	Both	None	Usually free; per capita rate for county cases	None
None ^f	3 to 12 ^b	No rule	Both	White only	Usually free; a few pay a little	None
None ^f	4 to 16 ^b	No rule ¹	Girls only	White only	Free	None
None ^f	3 to 14	Usually 17	Both	White only	Free	None
None ^f	No rule	No rule	Both	White only	Usually free	Preference to Cleveland children; some from other cities and states
None ^f	Up to 12	No rule	Both	White only	Usually free; maximum charge \$7 a week	First, Philadelphia, second, Pennsylvania, and third, other states
None ^f	2½ to 6	No rule	Both	White only	Usually free; a few pay small amounts	Preference to Pennsylvania children others taken
None ^f	2 years up	Boys, 10, girls, usually 18	Both	Colored only	Usually free; a few pay \$1 a week	None

^f Most institutions which have no formal system of after care keep in touch with many discharged children through correspondence and visits of the children to the institution.

^a Adults not taken.

¹ Usually leave at 16.

^b Occasionally under four.

¹ Receive mostly New York City children.

After the statistical tables there are appended detailed descriptions of the individual institutions. This section is a model of accuracy. Plans of several institutions are included.

It should also be noted that the book is fully illustrated with a large number of photographs of the institutions and their work. The index is carefully made and adequate.

The mechanical appearance of the book is good. It would be interesting to know, however, the reason for using two widely different faces of type in its composition. The typography is accurate. The authority for spelling employee as *employe* without an accent is not quite clear.

This brief outline of the contents of the book does not do the work justice. The report should be read by everyone interested in any form of work for crippled children, as it supplies indispensable information not otherwise available.

As has already been stated the results of the investigation are most creditable to the compilers. Some of the points of especial value have already been briefly touched upon. If the present review is to be in any way constructive, however, such defects as exist should also be mentioned. Several may be enumerated—of course, as matters of personal opinion only.

In the first place, the book was compiled on the basis of American experience only, without reference to foreign work. So long as this principle was adhered to the author dealt with a field in which she was the unquestioned authority. But on the subject of statistics a tempting English booklet effected an infraction of the rule and five tables based on an enumeration in Birmingham, England, are given an important place in the book. It is stated, without qualification, that "the one attempt to secure a complete and scientifically analyzed census of the cripples of a community . . . is the census of cripples in Birmingham . . ." The inaccuracy of this statement and the undue importance accorded the Birmingham tables become apparent when it is known that there was taken in 1906 a complete census of all crippled children in the German Empire,

and that in 1909 there was published a most elaborate report of the enumeration in a quarto volume of 450 pages. This census was discussed extensively in the literature of the subject, and was widely known. It constitutes probably the most important statistical study of any defective class yet made. Any general excursion into the field of statistics of cripples should certainly include mention of it.

Second, the book does not seem to give to the dispensary work a due share of emphasis. To the foreigner, the outstanding feature of American work for cripples is the vast number of patients treated in the clinics of the various hospitals. It is the field of work that touches directly the interests of over ten times as many cripples as the residential institutions. Dispensary work is sometimes the forerunner of other types of provision, and when supplemented by an adequate visiting nursing service is most effective. There is some discussion of dispensary work in the main chapters of the book, and there is included a table outlining the work in nine institutions. But no conception of the magnitude of the aggregate work is given. Some large orthopedic dispensaries, as for instance those in Brooklyn are not mentioned at all. But they constitute factors which cannot be neglected in any appraisal of 'care for cripples in the United States.' It will be understood that this is a criticism on degree of emphasis only.

The third comment, along a similar line, concerns the omission of detailed statements of the work of organizations which do not actually own buildings. Some of these associations carry on most important work, and in a list otherwise so complete surely have had a place. The Association for the Aid of Crippled children, the Brearley League, the People's University Extension Society, and the Crippled Children's Driving Fund, in New York, and the Sunbeam Circle, in Cleveland, for instance, might profitably have been added. As these organizations are so few, their inclusion would have been all the easier. To be sure, their activities receive scattered men-

tion in the text, but they are found missing on the general roster.

The last criticism is that the tables do not show clearly the years for which the figures are given. This is all the more important in that the report did not appear for quite a time after the field work was completed.

There has been purposely deferred any mention of the introduction to the book. This deserves and will repay careful reading and re-reading. In its preparation Dr. Hart went thoroughly into the questions concerning care for crippled children and in his consideration of them brought to bear his wide experience in other fields of social work.

This introduction gives an editorial survey of points at issue, shows sound judgment in the conclusions drawn, and makes a conservative prophecy for the future of the movement. In particular the further establishment of state hospitals is heartily commended.

In conclusion it may be confidently asserted that the publication of this volume marks a milestone in the progress toward more perfect provision for the crippled members of the community.

GERMAN CARE FOR WAR CRIPPLES; A PRELIMINARY REPORT

DOUGLAS C. McMURTRIE
New York

There has been inaugurated in Germany an extensive system to provide for the care of war cripples. Time does not permit the preparation for this issue of a complete description, based on material which has come to hand, but this will appear in the following issue of this JOURNAL. Meanwhile it may be worth while to give a brief outline of the work undertaken.

Coincident with the outbreak of the war, plans were carefully laid to provide for wounded soldiers crippled in action. Additional incentive to this purpose was given by a communication addressed by the Empress to the *Deutsche Vereinigung für Krüppelfürsorge* (German Association for the Care of Cripples) urging energetic prosecution, rather than diminution, of the work of members of the organization.

The letter makes the following recommendation. "It also seems desirable that the institutions should take upon themselves the orthopedic care of the wounded, as their entire equipment fits them for such work. Your organization could also be instrumental in putting the severely wounded in a position to resume, in part at least, their regular vocations."

The Association at once sent out questionnaires to all institutions for the care of cripples in Germany to ascertain how many beds could be placed at the disposal of the military authorities. Soldiers received are paid for by the government at a standard rate.

Dr. Biesalski, secretary of the Association, made a round of the individual institutions in order to determine on the best course to pursue. Meetings were held at various points, many

eminent orthopedists and officials participating. The principles to be followed out were thus determined upon.

The orthopedic care of the wounded and measures of industrial education not being as imminent as the emergency hospital work, it was considered of major importance to educate the public to a right attitude toward war cripples. A campaign of publicity was undertaken with this aim in view.

The cardinal point to be inculcated was that the cripple is not condemned to permanent inactivity, but that even a badly crippled individual can be taught to earn his own living. Four specific means of preaching this doctrine were inaugurated. 1. By continuous propaganda in the daily and technical press. 2. By lectures and visits to institutions for cripples. Lantern slides for lecture use were offered by the Association. 3. By conference with the wounded in the hospitals. From the first they should be made to understand that they will be enabled to continue their former occupations. 4. Beginning the middle of December last, there was held an exhibit in the Reichstag, including a section on the care of war cripples. Orthopedic apparatus was shown; also a collection of pictures and objects to demonstrate how much even a badly crippled man can accomplish.

An elaborate system for the actual care of the soldiers has already been worked out under the direction of Dr. Biesalski. The work soon reached such proportions that its further development was turned over to the military authorities. Already, according to a recent letter from Berlin, many prospective cripples have been converted into wage-earners.

Of the 800 wounded soldiers directly under Dr. Biesalski's care, it was found that with but few exceptions—less than 4%—all could continue their former employments.

Further description of this interesting work must be deferred until the next issue.

OCCUPATIONAL PROVISION FOR ONE TYPE OF THE PHYSICALLY HANDICAPPED—CARDIAC CONVALESCENTS

MARY L. PUTNAM

Sharon, Conn.

EDITOR'S NOTE. In England the cardiacs are frequently provided for in conjunction with the crippled, both coming within the category of 'physically defective.' The following article should be of interest to those concerned with cripples, since it deals with work in such a closely related field, and describes one effort to provide employment for physically handicapped persons.

In July, 1913, there was opened at Sharon, Connecticut, a convalescent home for cardiac cases. This home is now known as the Trade School for Cardiac Convalescents. The Trade School was established in order to provide convalescent care for heart cases discharged from New York City hospitals, and also to teach such patients a trade that they might follow without physical strain after the convalescent period was over.

The care of cardiac cases after they leave the hospitals has been a hard problem for medical and social service people to deal with. Convalescent homes in general do not provide for heart cases. If these patients leave the hospitals and return to their old ways of living and former employment, serious relapses are almost inevitable. The problem at Sharon has been to give the men—for we have at present as patients men only, between the ages of sixteen and fifty—not only proper convalescent treatment, but to provide them with occupation work there that would teach them a trade to be followed after they left the School.

At the suggestion of Dr. Herbert J. Hall of Marblehead, Massachusetts, who is an expert on devising occupation work for the handicapped, the making of cement flower pots was chosen as the industry to be taught. This work is excellent

for heart cases. The pots are made from small mixtures of cement and sand easily handled by the patients. The mixtures are tamped into specially devised metal moulds. The muscles of the forearm are used in tamping and there is no heavy lifting.

It has been found that this occupation work is of marked therapeutic value in the treatment of Sharon patients. The work is carefully supervised. The teacher works under the advice of the doctor and head nurse, and each patient is carefully watched as to the effect of the work in fatigue or increased energy. Each man is encouraged to do as much as he can easily, but no one is allowed to overtax his strength. The average patient starts in with a half hour's work, morning and afternoon. His time is increased until, before he leaves, he works two hours and a half in the morning (with time for a lunch of milk and crackers at eleven o'clock) and an hour and a half in the afternoon.

The flower pots and garden pieces made by our patients are known as 'Sharonware.' At first, only flower pots were made, but lately we have found that, under careful supervision, the men may make garden pieces as well—charming little bird baths, jars, garden stepping stones, window boxes and garden seats.

About a year ago, a shop was opened in New York City for the employment of our men after they left Sharon. The first shop was at 292 Henry Street, but it has since moved to 42 Lexington Avenue. Here we have employed from six to eleven men. They work under medical supervision and have earned a living wage. Their working time is six and a half hours a day with intervals for rest, and a luncheon of crackers and milk in the morning.

It has been very satisfactorily proved that the men can work steadily without damage to their hearts under the conditions prevailing at the New York shop, but it has not been proved that the shop can be made self-supporting by the sale of 'Sharonware' produced.

The flower pots of light gray, stone gray, green, brown, and buff are very pleasing to the eye, and plants grow exceedingly well in them. The prices of these pots are not high—from twenty-five cents to one dollar, garden pieces from three to fifteen dollars. A great many pots have been sold through florists and stores, and especially at a sale held last spring in New York, but we feel that many more people would be glad to have these attractive pots in their homes if the work were better known.

This coming spring the Burke Relief Foundation at White Plains, N. Y., will take over the work of convalescent treatment for cardiac cases, and the home at Sharon will be closed. The patients will continue the cement work as an occupation at White Plains, and the New York shop will still employ men and go on with the sale of 'Sharonware.'

The men may be seen working at 42 Lexington Avenue any week day, and visitors are welcome at the shop. We call the 'Sharonware' pots 'the pots that breathe,' because of their porous qualities. We feel these little pots are very beneficial to the lives of plants, and we also feel that those who buy the pots may have the satisfaction of knowing that, by doing so, they are giving length of life, hope, and courage to these men who make them and who are so severely 'handicapped in the race of industry.'

EDITORIAL NOTES

FEDERATION OF ASSOCIATIONS FOR CRIPPLES

The regular office work of the Federation of Associations for Cripples has been carried on and, in addition, there has been work by various committees, as reported below:

The Shop Committee is organizing for an effort to place the work of cripples on sale, in such a manner as to enlist the interest and secure the patronage of people not otherwise interested in cripples or familiar with their ability to produce good work. It is too early to announce definite plans, but an effective working committee has been appointed, and the members are gathering information and starting arrangements that will justify appealing to a wider public than the one that supports and has hitherto maintained existing industrial effort. As speed is out of the question in the case of the handicapped worker, emphasis will be laid on the *quality* of the goods displayed for sale, and the conviction that there is a steady demand for high-class work justifies insistence on this point. Members of the committee will be glad to advise or confer with anyone who is interested in this matter. They may be reached through the office of the Federation.

Since May, 1914, the Committee on Fresh Air Work has been working to solve the problem of finding a suitable summer resort for the thousands of cripples left in the city during the warm weather.

All schools and societies for crippled children in New York arrange for summer outings for all children under their care.

The Association for Improving the Condition of the Poor has just turned over to the city a convalescent home for tubercular crippled children, at Rockaway Park, which will take care of hundreds of sick cripples requiring special care.

This, however, still leaves many crippled children in town during the summer. They dislike the streets, as they fear the rough treatment at the hands of well children; they cannot be sent to the country with well children, as this plan has been tried and failed, the crippled children being unhappy in such surroundings.

An appeal to the Children's Aid Society has been met with a generous response. They are willing to co-operate with the Federation to the extent of housing a certain number of children sent by the Federation at their Bath Beach home, segregating them and giving special attention to directing their play.

The Committee on Legislation reports a meeting on February 8, 1915, at which it was suggested that an effort be made to secure the adoption by the Legislature of an amendment to the Workmen's Compensation Act obviating any possible discrimination against cripples in the working of that law.

A CAMPAIGN FOR SPECIAL EDUCATION

For several years there has been made in St. Louis a concerted effort to secure the establishment of special classes for crippled children in the public schools of the city.

The Central Council of Social Agencies recommended to the Board of Education the establishment of special classes for cripples. After due consideration of various documents and data the Board decided that the need was not an extremely urgent one and came to the conclusion that, with the pressure of other demands, they were not justified in starting such special classes.

The subject has been called up again by a campaign initiated by the *St. Louis Republic*, a daily newspaper, to secure special educational provision for crippled children. That paper is publishing a series of articles by Mary Irwin McDearmon, formerly a teacher of special classes for mentally defective

children, describing the provision made in public schools of other cities and discussing the needs in St. Louis.

The situation is extremely interesting, and the decision is of more than local importance. The question of the urgency of public school provision, particularly as it concerns St. Louis, will be therefore presented at some length in an article in the next issue of this JOURNAL.

NEW BUILDING FOR ORTHOPÆDIC HOSPITAL

The New York Orthopædic Dispensary and Hospital has secured the site for its new building at 420 East 59th Street, just east of First Avenue and facing the playground under the Queensborough Bridge. The plot is 180 feet wide and runs through to 58th Street. The 59th Street end of the building is to be four stories high, and the 58th Street end six stories high. The investment in the structure will be something over \$600,000.

The steel frame is already erected and it is expected that the building will be ready for occupancy by January, 1916. The new quarters are urgently needed on account of the rapid growth of the work. The new patients for the last five months have shown an increase of $26\frac{1}{2}\%$ over the same period last year.

SCHOOL FOR WAR CRIPPLES IN FRANCE

A cable dispatch from Paris relating to plans for the establishment of a trade school for soldiers crippled in the war appeared in the *New York Times* of February 11, 1915. There being no more direct information available at the present time, the article is reproduced herewith:

A school in which mutilated soldiers may learn suitable trades and employments is the latest scheme of M. Malvy, the Minister of the Interior, who to-day makes the announcement that part of the National Convalescent Institution at St. Maurice on the Marne, founded by Napoleon III in 1857, will henceforth be devoted to the

instruction of soldiers prevented by the loss of limbs from following their former trades.

The *Petit Journal* publishes an interview with Dr. Bourrillon, director of the St. Maurice Institution and one of the promoters of the idea, who says:

"We have nine hundred beds, with two hundred more at the Vacassis annex. I purpose to begin immediately the construction of the workshops, and so forth, required for the instruction, which will be individual and suited to each case of mutilation. I cannot yet say how far the institution will support the totally disabled, but I can assure you that this point has not been ignored in our plans."

Commenting on Mr. Malvy's announcement, the *Intransigéant* calls attention to the cardinal feature of the treatment of the mutilated—that there is in France great scarcity of artificial limbs, most of which have hitherto been imported from Germany. The *Intransigéant* hopes that official efforts to supply the deficiency will take precedence of the less pressing question of instruction for future employment.

AUSTRIAN PROVISION FOR WAR CRIPPLES

According to a Vienna letter under date of February 8 from Dr. Wolf von Schierbrand to the *New York Sun*, appearing in the issue of March 7, 1915, provision is being made for Austrian soldiers crippled in the war. The question is being dealt with mainly through private charity.

About a year ago Count Zichy, a Hungarian nobleman, who had lost one arm in an accident, published a book telling how he had become violin virtuoso of renown. When the present war began, Count Zichy began to give lectures in Austria-Hungary and at some points in Germany, before audiences made up of physicians, orthopedists, and educators, urging adequate provision for the crippled and maimed. Many persons of means became interested, and a large institution has been founded in Vienna, of which the school for invalids is probably the most interesting section.

In the main, this is a manual training school specially adapted to the needs of one-armed soldiers, with individual treatment and tui-

tion, according to the nature of each case; whether it be the left arm or the right seems to cut little figure in the results of this school. Everything is taught that brings money enough for a living—carpentering and joiner's work, tailoring, shoemaking, weaving, drawing, painting, sculpture, modelling, even playing on musical instruments. A one-armed architect of local fame, Carl Grosselfinger, has been appointed principal of this remarkable institution.

The two other sections, the orthopedic division under the direction of Dr. Hans Spitzky, and the reserve hospital, provide the pupils for the school. The newspapers are collecting additional funds for the institution.

RECEPTION AT EAST SIDE FREE SCHOOL

In order to make more people familiar with the actual work of their institution, the directors of the Crippled Children's East Side Free School, New York, held a reception and tea at the school on the afternoon of March 11, 1915. Although the institution is located in a part of the city very difficult of access, the attendance was surprisingly large.

Up till three o'clock the various public school classes were in session and the industrial work continued through the afternoon. On the roof there were dramatic and musical exercises by the children. Tea was served the guests later by the directors.

The teachers who ordinarily leave the school at the close of the regular sessions generously sacrificed their time in order to demonstrate how much can be done by well-directed effort to train apparently helpless children to be self-reliant and independent.

To the visitors, the most interesting feature of the work was the exquisite monogram and initial embroidery done in the trade class. The product turned out is of the highest grade and holds its own in commercial competition. The girl workers, practically from the beginning, receive payment for their work either in the form of a weekly wage or by piece-work schedule.

Some of the work is done for the exclusive stores of the city and this field is being further developed. The trade class or workshop earns enough to pay salaries of the workers and the expense of materials, exclusive of overhead and administrative charges.

EXTENSION OF DISPENSARY WORK

The following extract from the report of the orthopedic nurse at Rainbow Hospital tells of plans for the extension of dispensary work in Cleveland.

Lakeside Hospital which is affiliated with Rainbow Hospital is about to enlarge the orthopedic dispensary department, utilizing for the purpose a separate building on the ground floor of which there is ample space for clinic rooms, plaster room and gymnasium for lateral curvature work. The two institutions employ together a special worker to give massage to infantile paralysis cases, and exercises and gymnasium work to children with round shoulders and lateral curvature.

Children are admitted to Rainbow directly from the Lakeside wards and dispensary, so that the enlargement of the dispensary—which is the nucleus of the work for crippled children—means greater possibilities of service for both institutions. As it is, the sixty beds at Rainbow are always in demand, and though its capacity was doubled by the opening of a new building just a year ago, the need for more beds is already being felt.

WORK FOR THE HANDICAPPED

In a general discussion of the functions of social work in hospitals¹ Dr. Richard C. Cabot describes, under the above heading, the special features involved in efforts for the crippled and handicapped at the Massachusetts General Hospital, Boston. This section is reproduced herewith.

The hospital begins a good job when it amputates the crushed leg of a patient who has been run over in a railway accident. But it is the

¹RICHARD C. CABOT. Some functions of social work in hospitals. *Modern Hospital*, St. Louis, 1915, iv, 188-191.

business of someone to see that patient through his troubles; not merely to see that his wound heals properly, but that he has a proper-fitting artificial leg and that he himself is fitted back again into the industrial world. The job is not done until he is again a wage earner. Obviously this sort of follow-up work goes beyond the function of the hospital physician and the hospital nurse. It must be carried out by someone well versed in the resources which the community contains for rehabilitating such a sufferer and putting him on his feet again in the financial as well as in the physical sense. This is an expert job, requiring a knowledge (1) of the industries in the neighborhood, of their individual processes and parts capable of being taken up by a person handicapped in one or another way; but, (2) moreover and chiefly, a knowledge of the *psychology of the unemployed*, of the types and stages of mental and moral deterioration which inevitably occur when a healthy man is thrown out of employment by an accident, and surrounded by the condolences and luxuries which his friends naturally consider to be proper. Such a man is very likely to take to drink, not only because he has nothing else to do, but because a drink is the form of consolation most frequently offered him by well-meaning fellow-workmen.

To find work for the handicapped is very difficult; and the effort has failed in most of the places where it has been undertaken. That it has succeeded at the Massachusetts General Hospital is due chiefly to the fact that we have selected with the greatest care from among the gross total of handicapped persons the few for whom we could reasonably hope to do something. We have excluded from the first all attempt to help those whose injury or illness made them really unfit for any work whatsoever. This group, *the incapacitated*, should be sharply distinguished from the handicapped—i. e., from those who are still fit for work, although in need of social skill to fit them back into the industrial machinery. At the other extreme are those handicapped persons, by no means rare, who find no difficulty in obtaining work for themselves without the aid of any outsider. Somewhere between the two extremes just suggested there is a group of persons who are not incapacitated, yet not capable of finding work for themselves. Many of these can be helped to find a job, and what is far more important, to keep it when once they have found it, for the

great majority of them grow discouraged after a little, and have to be bolstered up throughout the first six months or year of their work.

Our worker for the handicapped, Miss Grace S. Harper, has permanently placed handicapped persons aggregating a total of \$6,500 in wages during a single year's work. This is nearly six times the value of her salary, and represents a profit of 600 per cent. on the investment.

BOY SCOUTS AND CAMP FIRE GIRLS

The children at the Van Leuven Browne Hospital School, Detroit, have been enrolled as Boy Scouts and Camp Fire Girls. They now have the regular uniforms of these organizations and take a lively interest in the prescribed activities.

The extent of the physical exertions of the scouts are, of course, a little limited, but they are enthusiastic over the tasks within their strength—signaling, bandaging, 'first aid to the injured' measures, and the like. They took part in the Boy Scout Exhibition in Detroit, February 8.

The youngest girls are organized into a band of Blue Birds, who are little sisters of the Camp Fire Girls and follow in their footsteps. The honor credits received for duties done have proved valuable incentives.

RECOMMENDATIONS FOR MINNESOTA HOSPITAL

The annual report² of the Minnesota State Hospital, which has just come to hand, is rather fuller than usual, due to a discussion of improved methods to be used in the new hospital at Phalen Park. The superintendent, Miss Elizabeth McGregor, made a study of other institutions for crippled children and as a result her report embodies the following recommendations:

The records of a large number of the hospitals I visited show that over fifty per cent. of the patients are cured and many more are improved to such an extent that they are able to earn their living.

²Annual report of the Minnesota State Hospital for Indigent Crippled and Deformed Children to August 1, 1914.

The importance of giving this number an opportunity to fit themselves to earn a living when they are discharged can not be over estimated. For therapeutic as well as economic reasons I would recommend that all patients be given an opportunity to have such industrial training as their condition and adaptability will permit.

With the amount of land and the quality of the soil at Phalen Park I would recommend that gardening on a scientific basis be undertaken. Vegetables, small fruits and flowers for the hospital and for sale could be raised on a garden of from six to eight acres. We would need a gardener, whose duties would include the care of the garden and lawns and the instruction of a class physically able to do this work.

I would recommend that an appropriation be asked sufficient to equip and maintain a shop for repairing and making orthopedic shoes and braces. Older boys in the hospital and boys who are outdoor patients would be given an opportunity to learn the trade. Later the making of hand bags, suit cases and other leather work might be added to this department.

Chair caning and the making of reed furniture is a trade requiring little expenditure in equipment and has been tried with successful results in Eastern trade schools. Tailoring, printing, book-binding, photography, engraving and the making of jewelry are only a few of the trades whereby the boys at the State Hospital may fit themselves to become self-supporting citizens if they are given the opportunity to do so.

Special training of the little girls in the kitchen garden method of housekeeping, where their play with dolls is converted into training in the ordinary household duties, is of importance. Mending, darning, and plain sewing should be taught, and the majority of the girls are able to do this work. Cooking and instruction in general housework, as well as in the care of young children, should be available as part of our industrial training for the girls who are able to take it and are adapted for such work.

In this department I would like to make a special feature of the making of children's clothing, especially the clothing for young babies. It is difficult to buy ready-made the kind of clothing for babies that is suitable for use in the ordinary home. Plain garments, plainly made, would always have a market and the girl would have as much demand

for her work in the country as in the city. We have an industrial teacher and the training in this department incurs no extra expense. The regular day school work through the eighth grade is carried on now and an educational foundation laid for vocations followed by any well child. They may be taught typewriting and general office work, stenography and bookkeeping. Children may, under supervision, work in the office and get the first principles of such work.

I would recommend that the history of the child be kept and that whenever possible the home conditions be ascertained, and that after discharge from the hospital a report be called for not less than once a year for a period of time designated by the surgeon in charge, and that this report be made a matter of record. I think it is of importance that some research work be carried on. People who are not familiar with the subject are apt to consider that the crippled children are below normal mentally.

The work in an orthopedic hospital is not sufficiently general to admit of maintaining a training school for nurses and the proper care of the children requires more than can be expected from a domestic employee. I would like the privilege of starting a class for the training of girls to care for well children in private families. A girl meeting the requirements for admission would come on probation and if she were accepted she would have class work in hygiene, children's diet, bathing, keeping the room clean and in order, mending and plain sewing, with especial emphasis on her own personal care and her treatment of the children. She would receive nominal salary while taking this course and assistance in obtaining employment when she had completed it.

Many hospitals are advocating outdoor school work when the weather permits. This can be done here if it is deemed advisable.

INDUSTRIAL INSTRUCTION

The report regarding the industrial work at the Minnesota State Hospital is made by Miss Mary R. Clark. Extracts from it follow.

The work in the industrial department is chosen to suit the needs of both boys and girls. The primary industrial class, which is composed of little boys and girls from four to seven years, an average number of

fifteen, attended classes for the two years. This primary division worked one-half hour each day and their course comprised the folding, tearing and cutting of paper into articles, clay work, primary weaving, cardboard mounting and construction.

Children are placed according to their physical capacity and ability and not according to age or grade in academic work.

Another class consists of boys and girls from eight to ten years of age. An approximate number of twenty-five attended during the two years. The pupils of this second class take up weaving in various forms, sewing, cardboard construction, knitting, crocheting and sloyd work. Forty minutes each day is devoted to this. Another class of boys between the ages of eleven and thirteen work the same length of time at drawing and woodwork. An idea of the difficulties under which some of the patients labor may be obtained from the case of a nine-year-old boy who wears a head brace, rests on two crutches while working and has the use of only one arm. No student worked more faithfully than this boy at his favorite occupations, weaving and woodwork.

All girls from eleven years on meet twice a week for two hours to sew. During the two years five girls with paralyzed hands have worked faithfully. The girls are taught elementary sewing so that when they return home they can assist in the making of their clothes. Special time was given the second year for the making of articles for the Christmas sale, which was successfully conducted by the boys and girls. All were eager to do their best and to make as many things as possible. The sale consisted of table runners, bags of various sizes and description, aprons, towels, baby jackets, slippers, table mats, broom holders, tea stands, magazine racks and reed baskets.

One afternoon each week the children are given practical instruction in the darning and mending of their clothes. The schoolroom is open after school hours to any student to work, providing things are put in order before leaving.

As the average length of stay in the hospital is from six to eight months the work has to be suited to each individual case. Such work must be given as can be finished by the time the patients are ready to leave. This must also be something which holds their interest as well as giving them useful instruction, but it is not difficult for the majority are more than eager 'to make something.' Any new stitch, any new

way of making bird houses, paper lanterns or doll dresses, is keenly appreciated by the older ones as well as the little ones.

In addition to the work now given, the girls should be taught elementary cooking. Girls from twelve to fourteen years when sent home must assist with the house work and without the knowledge of how to prepare and cook food cannot accomplish as much as they might. Only a small equipment in the beginning would be required to give the necessary training. The girls with this added knowledge would be more eager to return and help in the care of the home.

THE UNHEARD CRY

An unusual book produced in an unusual manner is *The Unheard Cry*³ by Joe F. Sullivan and it can be properly considered only in relation to its authorship and origin.

Joe F. Sullivan was stricken with paralysis at the age of four and since that time has been permanently crippled. He has gained an education through his own efforts and supports himself as a newspaper correspondent. Just before he turned twenty-one he ran for mayor in his home town, a small community in Arkansas, and was elected. He served out his term with considerable success, getting around to his duties with the aid of a team of goats—his constant companions.

After retiring from the mayoralty, he resumed his journalistic work, and is now living in Heber Springs, Ark. In his own experience, and in observing the difficulties of others, he became impressed with the utter lack of any advantages for cripples in the Southern States and is now entering on a campaign to bring about some provision for their needs.

The book is largely an argument on this thesis. The comparative neglect of the cripple in comparison with the other handicapped classes, as for instance the blind, the deaf, and the feeble-minded is pointed out, and a strong plea is made for adequate public educational facilities.

³JOE F. SULLIVAN. *The unheard cry*. Nashville, Tenn., 1914.

As in everything else, it demands one who has had personal experience—one who knows the pangs of pain—one who has sat unnoticed by the wayside and watched the world go marching by in triumph, realizing at the time that his physical handicap added to his untrained mind prevented his going with the pompous procession—one who is sensitive to the excruciating torture inflicted by the daggers of discouragement and defeat, which deadly weapons are constantly sharpened by the unjust conditions allowed to exist by the thoughtless people of Christian America.

In his troubled heart, he who occupies the unenviable, uncomfortable, unnoticed, and almost unbearable position alongside of this swarming, hustling thoroughfare of progress and success knows full well that were he educated and his God-given talent trained he would be able to join the rank and file and would keep pace with the rear guards, anyhow. Moreover, he realizes that his inability to enlist in this swiftly marching army of nation builders is due not so much to his helplessness, physically, as to his worthlessness, educationally, which latter deficiency is the direct cause of the unheard and unanswered cry of which we speak, the cry of the cripple.

The author speaks later of the Spartan method of destroying infants not physically fit and asks the pointed question whether to-day we shall better educate the cripple or exterminate him. Finally a better day is prophesied, when the needs of the cripple shall meet with due recognition.

The book has a strongly religious cast, and holds a special appeal to the Christian leaders in the South. In its latter part it is rather fanciful and imaginative in tone, but is in all respects thoroughly sincere.

The writing of *The Unheard Cry* presents one feature of especial interest to the present reviewer. Four or five years ago when the book was in process, the author wrote to the Librarian of Congress asking for references to literature on care for cripples, but no such references could be given him. He was therefore unable to learn of what work was being done, and wrote the book solely on the basis of his personal experience and observation. This provides an interesting commentary

on the need of literature and records in the development of a new field of work.

UNITED WORKERS FOR THE CRIPPLE

A national organization to promote the welfare of cripples, particularly in the Southern States, has been founded by the author of the book reviewed above, Joe F. Sullivan. The name of the society is the 'United Workers for the Cripple,' and its objects are set forth as follows:

First—To promote the educational, social, moral, spiritual and physical betterment of all crippled children of mental power, thereby reducing to the minimum mendicancy, vagrancy and pauperism.

Second—To foster legislation providing educational opportunities and facilities for crippled children, and for any other matters pertaining to the needs and welfare of this particular class of neglected humanity.

Third—To labor for the erection, endowment and maintenance of schools, industrial colleges and universities, especially constructed and fitted for the convenience, comfort and training of crippled children, in which shall be taught trades, occupations and professions suitable and practicable to the physical and mental ability of the individual.

Fourth—To provide proper surgical and medical treatment in an effort to remedy the physical condition of the subject.

Fifth—To see that the Church shall offer some spiritual encouragement to the crippled children and to assist them to Sunday School and places of worship.

Sixth—To do anything within the bounds of reason, propriety or law to enlarge the scope of work, to perfect plans for the furtherance of the cause or to succeed in the objects of this organization.

There are no funds for gratuitous relief. The expenses are defrayed by dues from members and by voluntary contributions. The work is non-sectarian.

The active work of the organization so far has consisted principally in a campaign of publicity to obtain public recognition of the cripple's needs.

A circular has been sent out to pastors of Southern churches proposing the appointment of a Sunday to be designated as *Cripples' Welfare Day*, on which day sermons dealing with measures for the care of cripples should be preached.

TWO PHILADELPHIA INSTITUTIONS

On February 22, the Editor was privileged to visit two institutions for cripples in Philadelphia.

The Home of the Merciful Saviour is the oldest home for crippled children in the United States. It has a splendid location in West Philadelphia, surrounded by adequate grounds, and faced on two sides by public parks. Both boys and girls are received, and are given surgical treatment and education within the Home. The older children have individual sleeping rooms.

As is usual, there exists considerable perplexity over the occupational disposition of the older children, particularly of the boys. Up to the present time the solution has been individual, according to the needs and talents in each case. There were fifty-six children in the Home at the time of the visit.

The House of St. Michael and All Angels was founded soon after to provide for negro crippled children excluded from the former institution. The work is under the charge of the sisters of S. Margaret, an order of the Episcopal Church. A more extended description of this work will appear in an early issue.

CANADIAN STUDY OF SPECIAL EDUCATION

There has just been published by the Department of Education of the Province of Ontario, Canada, a study of auxiliary classes for special types of exceptional children, among which are included the physically defective, or crippled. The report was prepared by Dr. Helen MacMurchy. There is reprinted

below part of the section⁴ dealing specifically with the physically handicapped.

Mention has already been made of the fact that Auxiliary Classes are necessary for physically defective children. Provision is made in the Act for such classes, and a good deal of attention has already been directed to the subject in Ontario. These classes are required, in our larger cities at least, as centres for: (1) Children who are physically disabled as the result of congenital defects, disease, or illness; (2) children who are blind or semi-blind from high myopia and other causes; (3) children who are deaf or semi-deaf.

For children who are unable to walk without artificial aid, and for those who are so disabled as to be hardly able to walk at all, education is even more necessary than for the child who has no such disabilities. Their difficulties in making their way are great, and they should be carefully prepared to earn their livelihood in some manner which will be agreeable and satisfactory, and will secure their happiness. Many of them also need hospital care, and provision should be made for a teacher who will carry on the education of children that are well enough to study. This has been done for many years in the Hospital for Sick Children, Toronto.

As for children who are so disabled that, though they are some years beyond school age, they have never been able to attend school, but have been confined almost like prisoners, the only hope of making them citizens and of developing their powers so that they will be able to earn a living, and to enjoy the pleasures, and share in the opportunities of life, lies in their being provided with an education suited to their needs. In a Technical or Industrial School, for example, a room on the ground floor should be set apart for their use. Those who cannot reach school by public conveyance or by arrangements made for them by their friends or neighbors, may, under the Auxiliary Classes Act, be conveyed to school in any way arranged for by the School Board. Such pupils need seats suited to their condition, and if they are to have the comfort and ease that kindness and common-sense claim for them, the schoolroom should be more like a living-room

⁴HELEN MACMURCHY. Organization and management of auxiliary classes. (Department of Education, Ontario. Educational pamphlet, No. 7.) Toronto, 1915. p. 51-54.

than an ordinary schoolroom. It is only right to make provision for the proper training of these children in order that they may become capable of self-support and of discharging the duties of citizenship. They must not be deprived of the opportunities the Province provides for all her future citizens, nor should they be permitted to sink into the condition of paupers and dependents. Before entering school the lives of such pupils have sometimes been very barren of interests or activities. In school they are enthusiastic in their work, and often make better use of their opportunities than other children. The school day should be four hours long, and the number of children in the class should not exceed twenty.

A nurse and an attendant should be provided for each class, both to assist in the care and supervision of the children in school and to take charge of them in the conveyance that carries them to and from school. The work of the school nurse in the homes of the children is also most important.

Great benefit may be secured by early medical and surgical treatment of these cases, and the careful and thorough work of school doctors and school nurses will surely result in saving many from disease and disablement; prevention is indeed better than cure.

The family cannot always provide adequate education for a disabled child, even though the child may have marked ability. A scholarship would enable the child to develop gifts which otherwise might be lost, and such a scholarship would often be well bestowed in an Auxiliary Class for disabled children.

Dr. MacMurchy then enumerates a list of occupations suitable for the physically disabled. She also points out that "in the after care of such pupils provision should be made for a bureau of work, a labor exchange, or a co-operative workshop, where their work can be utilized."

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CONTENTS

Orthopedic surgery and the crippled. NATHANIEL ALLISON, M.D.	69
The Widener Memorial Industrial Training School for Crippled Children, and its work. ALBERT D. FERGUSON, M.D. . .	74
The cure of deformity in its social aspect. H. WINNETT ORR, M.D.	84
Notes on the inception of care for war cripples in England and France. DOUGLAS C. McMURTRIE	86
Food growing for crippled workers—a suggested plan. GILBERT TOMPKINS	90
Farm for crippled workers on the Panama Canal. DOUGLAS C. McMURTRIE	94
Preliminary contribution to the bibliography of official publications of American institutions for cripples. DOUGLAS C. McMURTRIE	103
Editorial Notes	110
Activities of the Federation.—Amendment to Compensation Act.—New location for adult trade school.—New property for Good Shepherd Home.—Care of cripples in Holland.—Award to cripple trade school.—The origin of 'Cripplegate' in London.—State care for crippled children.—The physically defective.	
Bibliographical Notes	120

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ORTHOPEDIC SURGERY AND THE CRIPPLED¹

NATHANIEL ALLISON, M.D.

St. Louis, Mo.

There are certain obvious truths concerning orthopedic surgery and the orthopedic surgeon to which it is my privilege as your chairman to call your attention. Orthopedic surgery is best defined as the special branch of surgery which includes the consideration of the deformities of the framework of the human body, of the diseases and lesions of the bones and joints, and of the peculiarities or defects in the muscular system. The orthopedic surgeon is an individual who takes an especial interest in the surgical problems which arise within the boundaries just defined. Of necessity he is an individual who finds the major portion of his work to be devoted to the lessening of the difficulties that face the cripple. In not so very remote times our specialty considered only the correction of deformities which had been established by either injury or disease. At present we may subdivide the crippled class under two heads: the actual cripple, that is, he who is either deformed or made lame and will remain so; and the potential cripple, he who is diseased or injured in such a way that before him there lies the possibility of becoming either actually crippled or of having this condition prevented or alleviated.

In our various relations as orthopedic surgeon to the cripple it might be said that we are chiefly interested in the potentially crippled. Here we still have the chance to prevent deformity, and we spend our effort in the careful analysis of the causes of disease and disability with this end in view. We attempt constantly to improve our methods of surgical treatment which are

¹ Address of the Chairman, Orthopedic Section, Annual Session of the American Medical Association, San Francisco, 1915.

focused upon repair and restitution of function. Indeed, our minds become so absorbed in these surgical problems that we for the time may lose sight of the fate of those of our patients who are doomed to a greater or less degree of crippledom throughout life.

Orthopedic surgery may be said to be essentially conservative in its character. For those who are potentially crippled we have our hospitals and convalescent homes, our fresh air and sunshine wards in the open country, in the mountains and at the seaside. We are familiar with the work accomplished in this way, but we realize that, nevertheless, from these places after all our care and skill have been exerted there comes a varying percentage of the actually crippled. Again, from the more inaccessible districts of our country and from the metropolitan slum there also comes the neglected case, either an actual or a potential cripple, and we realize that it is in our province to determine the exact status of this cripple—his possibilities for recovery, his chances for assuming a normal place with his fellows in life. We realize our responsibility in believing that well trained, competent orthopedic surgery must pass verdict and sentence on this case and that upon it falls the burden of decision in separating and classifying the various types and degrees of crippledom, and in being sagacious enough to so judge that even the more remote possibilities of return of physical function and usefulness are included in the vision.

It is to the status of the actual cripple that I wish to call your attention. In former times the cripple remained a cripple, was dependent either upon his relatives or the community, and was reduced to the submerged position in society. He became a professional beggar or worked at some occupation that threw into the foreground his pitiable condition and his appeal for sympathy and charity. We realize more fully to-day the set of problems that faces him and those upon whom he naturally depends, but we must realize also the moral claim he has upon us as orthopedic surgeons.

Most of us are familiar, I believe, with the excellent report written by Miss Edith Reeves for the Russell Sage Foundation on the care and education of crippled children in the United States. In this volume is set forth what is being done to-day in this direction. Among the more important factors brought to light are the following:

There are in the United States thirty-seven places where especial attention is given to the care of crippled children. Four of our states have taken upon themselves the establishment of state institutions for their care. Minnesota, New York, Massachusetts, and Nebraska have set aside funds and established modern hospitals and schools devoted to the conservation of their crippled children. Primary legislation for institutions of this kind has been adopted in Ohio and Illinois. Michigan and Wisconsin are caring for a small number of cripples in their state homes for dependent children.

The distribution of the thirty-seven institutions listed in this report is as follows: Maine 1, Massachusetts 2, Connecticut 1, New Jersey 3, New York 12, Pennsylvania 6, Maryland 2, Ohio 1, Illinois 4, Michigan 1, Minnesota 2, Nebraska 1, and Washington 1. Ten of the thirty-seven institutions are in two cities, namely, New York and Philadelphia. Of the thirty-seven, ten are classed as hospitals, fourteen as convalescent hospitals and homes, and thirteen as asylum homes. Seven of these thirteen homes care only for white children, and there is but one asylum home for colored children only. There is no institution for crippled children west of Nebraska, except in Seattle, and none south of Baltimore. Orthopedic surgery is done in the general hospitals in the South and West in cities like Charleston, Atlanta, New Orleans, Galveston, Los Angeles, and San Francisco, but the work leaves the rural districts practically untouched.

As for the number of children cared for during the year, it is stated that in the ten hospitals 662 were treated, in the

convalescent hospitals and homes 945, and in the asylum homes 361, making a total of 1968.

Let us turn now to the actual number of crippled individuals in the United States. H. Winnett Orr has stated that with a population of one million there are cripples to the number of 3500. According to Sir John Byers there are a half million cripples in Germany, and the census of England shows that there are over 400,000 in that country. Prof. Lange has stated that there are 98,000 crippled children in Germany. We have no accurate means of knowing what the numbers are in the United States as our present census arrangement does not consider the taking of this information, but, according to the proportion of crippled individuals in Germany, we should have about 133,000 crippled children under fourteen years of age. Estimates run from 50,000 to 250,000, and vary with the enthusiasm of the person making the calculation. Of this, however, we are certain, that only about 2000 annually are being cared for in properly equipped institutions. It seems, therefore, that what work is being done is located in our large centres, that orthopedic surgeons are collected in these centres, and that the rural districts are uncared for, and that on the whole the work in behalf of the cripple is truly in its infancy.

Much information on this subject is set forth in the excellent *American Journal of Care for Cripples*, edited by Douglas C. McMurtrie of New York. This valuable adjunct to the work is also young, the first volume having appeared in 1914. In the pages of this journal one may trace the history of the effort in various countries of the world to better the physical and economic condition of the cripple. We as orthopedic surgeons may take considerable pride in the fact that always the orthopedic surgeon has inspired and advanced this effort. In our own land most of the work so far done has been accomplished by a comparatively few men. In the introduction to the report of the Russell Sage Foundation, the following statement is particularly pleasant and gratifying to us: "It is fair

to say that the credit for this unique spirit in institutions for crippled children is due chiefly to the unselfish devotion of the orthopedic surgeons who lead the movement. Their spirit does not differ in kind from that of their brothers in other hospitals and other kinds of medico-philanthropic work, but this particular field offers a peculiar opportunity for the development and manifestation of altruism in its highest perfection. The patients are under care for a longer period than those in other hospitals and the results are notable because of the special handicap."

To accept this praise is to admit our responsibility.

The Section on Orthopedic Surgery of the American Medical Association has peculiar possibilities for the advancement of this most human of works. To me it seems that each member of this section who calls himself an orthopedic surgeon should realize the obligation that rests upon him to educate his community and his state to the realization of the following facts: First, that the education of crippled children should be a special education; and second, that the vocational training suited to the individual's capacity should be carried out and that this training should be given in a place suited to the physical condition of the cripple. Above all that, this special education is not an affair of private charity or philanthropy, but that it is the duty of the state—a duty made imperative not only by humanitarian considerations but by economic reasons also.

It will be our privilege as orthopedic surgeons to stimulate proper legislative measures in our various states and to direct and advise the state authorities in this field of administration, and we must fit ourselves for this great mission.

If 50,000 crippled individuals lead lives of dependence and economic uselessness in our country, the fault is due to ignorance, and if ignorance exists on this vital topic the fault is largely ours. When we as orthopedic surgeons fully realize our place in the scheme of things, when we see with clear eyes our privileges, our duties, and our possibilities, then we shall have justified our position and our claims.

THE WIDENER MEMORIAL INDUSTRIAL TRAINING
SCHOOL FOR CRIPPLED CHILDREN,
AND ITS WORK

ALBERT D. FERGUSON, M.D.
Philadelphia, Pa.

The Widener Memorial Industrial Training School for Crippled Children was founded by Mr. P. A. B. Widener of Philadelphia in commemoration of his wife and their eldest son, and was dedicated on March 3, 1906.

The property is situated in the suburban district, Broad Street and Olney Avenue, and consists of thirty acres of land, twenty of which are given to buildings, landscape gardening, woodland and playgrounds, and about ten acres to vegetable gardens.

The style of construction is best described by the architect, Mr. Horace Trumbauer.

Our earlier Colonial work manifests itself in three distinct types or forms limited rather closely to certain geographical confines, namely, the Southern manor house, with its lofty colonnaded porticos; the low gambrel roofed Dutch Colonial; and the dignified, almost austere New England type; each more or less expressive of the composite personality of these different localities.

To-day we do not recognize these confines, but are inspired by that form or type which seems best suited to the peculiar requirements of our problem. In fact, many of the best examples of our present day Colonial, while reflecting the massiveness of the Southern Colonial, are tempered and modified by the influence of the more slender severity of the New England types. This modified blending of the two types does not lose any of its pure Georgian inspiration.

A very striking and successful example of our best present Georgian, or Georgian Colonial, is seen in the Widener Memorial Industrial Training School for Crippled Children, which, though being pure

Georgian, is nevertheless a very representative example of our most typical American architecture. In this interesting group we feel both the Southern and New England influence in its various buildings, blended in such a way as to not only add a little simple variety to its units, but to permit a more logical expression of their functions. The monumental dignity of the Main Building, with its lofty porticos and spacious porches, its beautifully curved dome and well pointed gables shows very decidedly the influence of the Southern Colonial Georgian, which is greatly enhanced by the modest restraint felt in the treatment of the cottages and the minor members of the group, in which one easily recognizes the quiet simplicity of the typical New England Georgian dwelling. The rather slender, wide spaced columns and thin cornices of the smaller buildings contrast very pleasantly and accentuate the strict adherence to classical proportions in the central structure.

Even the Chapel with its modest little tower is so successfully handled that its close proximity to the rounded dome of the Administration Building does not prove detrimental to either, but rather increases the beauty and appropriateness of both.

Although the peculiar requirements of an institution of this kind necessitate the close grouping of its different members so as to facilitate the easy intercourse between the working and the living departments and the hospital, the problem has been solved in such a way as to give a very satisfactory feeling of roominess and to permit of an abundance of light and sunshine to every part of the Institution. And, although this symmetrical arrangement with its formal garden and long straight vista gives a monumental aspect to the group, there is a certain picturesque charm about the smaller ivy covered buildings which relieves any tendency toward stiff formality.

The group of buildings is set far back from a seven and a half foot wall which is in perfect keeping with the type of chosen architecture.

The Central Administration and Hospital Building has three floors and a basement, the latter being covered by the maids' rooms, servants' dining rooms, the kitchen and places for storage.

On the first floor are the reception room and offices, children's dining room, attendants' dining room, gymnasium, dentist room, stenography and typewriting room, drug room and lavatories.

On the second floor are two large wards for the younger children, each with beds for twenty; adjoining each ward is a solarium with accommodations for nine.

There are also two smaller wards with fourteen beds, surgical dressing room, nurses' rooms, lavatories and linen closets.

On the third floor is a completely equipped modern operating room, sterilizing, etherizing and recovery rooms, rooms for photographic and x-ray work, eye, ear, nose, and throat patients, surgeons' dressing rooms and a large loft for storage.

On the north side of the Main Building and connected by glass enclosed passageways are the cottages for the older girls and boys. They are of similar design, each with a library and recreation room, and accommodate twenty-nine inmates, fourteen in the dormitory and fifteen in separate rooms.

The millinery and dressmaking room is in the girls' cottage, the engraving and the music room being in the boys' cottage, as is also the carpentry and cabinet-making shop.

The Main and Industrial buildings and the cottages are furnished with elevators.

The girls are under the guidance of a house mother whose rooms are in the building, and the boys are governed by a Prefect whose quarters are similarly located.

To the north of the cottages and connected by a graduated incline is the Chapel, which was dedicated in 1911. While primarily designed for religious services, the Chapel is also used for the monthly concerts by professional talent; for the monthly concert by the School band, to which relatives and friends are invited; for plays and various forms of entertainment by the girls and boys and, too, for the annual graduation exercises.

On the south side and connected by glass enclosed passageways as on the north is the house for the officers and attendants, the laundry running the full length of the basement.

The Industrial Building and the power plant complete this section. On the ground floor of the Industrial Building are the brace and shoe shops with power machinery and forge room—the braces and orthopedic shoes worn by the children are made in our own shops by the instructors and the apprentices—sloyd room, laboratory, the sewing room, a lavatory and storage rooms. The whole second floor is devoted to the schoolrooms, whose desks and seats are adjustable. At the southern end of the building is the winter playground but which is used in all seasons, an adjoining room affording protection in severe weather. All the children must pass at least part of the day out-of-doors, their physical welfare takes precedence over all other conditions of their development and training.

The Isolation Building, besides being used for contagious diseases, serves also for the examination of applicants on the infrequent admission days, the accepted children remaining there for three weeks before mingling with the others.

The house for the head gardener and the chief engineer are on either side of the Olney Avenue entrance, the stables being at the western end of the northern wall.

A Seaside Branch has been built at Longport, near Atlantic City. It is also of the Colonial type, with a two-storied main building fronting on Atlantic Avenue, and at the opposite end a peristyle adjoining the boardwalk. A large concrete court is flanked by the children's quarters, which are all on the ground floor. All the inmates are sent to the seashore during July and August, while the youngest and those whose physical condition demands a longer term remain from the early part of June to the latter days of September.

The construction costs and the endowment were as follows:

Cost of buildings (including Chapel), furnishing, etc.,	\$841,054
Grounds,	400,000
	<hr/>
	\$1,241,054

Cost of Longport Branch, including grounds.	
Buildings, furnishing, etc.,	143,624
	<hr/>
	\$1,384,678
Endowment,	4,000,000
	<hr/>
<i>Total,</i>	\$5,384,678

All of the surgical work is done in the institution's operating room. Many of the accepted paralytics were not able to walk without the aid of both crutches and braces, some had contractures which did not permit the use of the legs, but the skillful employment of present-day orthopedic surgery and appliances has wrought truly wonderful transformations, often rendering the use of crutches unnecessary and not infrequently enabling the child to dispense with both aids to locomotion. Parents who for years thought their offspring were doomed to lives of physical inactivity and consequent mental starvation are grateful beyond measure when they note the progress in school and the result of one or possibly a series of operations the number of which since the school was opened total three hundred and eighty-one, consisting chiefly of tendon transplantations, plastic operations on tendons, tenotomies, arthrodeses, osteotomies, arthroplasties, implantation of silk ligaments and tendons, Albee's bone transplantation and excisions of joints.

As the present limit is one hundred children, careful selection must be exercised. Applicants must be between the ages of four and ten and mentally normal as they must be able to keep pace with the grade classes.

Children too little crippled are not eligible, nor are those who are absolutely helpless without promise of being helped by surgical measures or orthopedic appliances, for the object of the school is to train for trade work, therefore every pupil must have qualifications to become at least partially self-supporting. Children from Philadelphia and vicinity are given the preference. Consideration is next given to those from other parts of Pennsylvania, then to applicants from other states.

Parents or guardians must sign an indenture resigning all control and authority over the child and binding it over to the trustees of the institution until it shall reach its majority.

Visiting hours are every Sunday afternoon from two until four o'clock. The pupils go to their homes every two weeks during the last two years of grade work and throughout the time of trade training, they also take daily walks outside the grounds during their free hours.

The school curriculum exactly follows the graded course of the public schools of Philadelphia. Certificates are granted to those who have satisfactorily completed the prescribed academic and trade courses.

The pupils begin manual training when they enter the third grade, and devote to it six hours a week for four years. The girls enter a sewing class when this grade is reached, so that they may be familiar with the needle when they are enrolled in the millinery and dressmaking department. In this grade they also learn basketry, burnt leather work, raffia and reed and bead and ornamental brass work. The boys complete an advanced course in Sloyd, learn caning and keep in repair all the chairs and couches in the school. A sale of the articles made in the hand-work classes is held each year before Christmas. A fourth of the proceeds of each article is charged for the material, and the remainder is added to the savings fund account of the pupil. To this fund is also added all the money that may be given by the parents to the child during its residence in the school. When the pupil completes this graded course in handiwork he enters upon his occupational training.

For the normal, healthy person, education is desirable; for the cripple it is necessary; that is, unless he is to be a constant charge on the community. And that is as bad for the cripple as it is uneconomical for the State.¹

¹ DOUGLAS C. MCMURTRIE. Some considerations affecting the primary education of crippled children . . . New York, 1910. p. 4.

This applies with even more force to industrial education than to the purely cultural.

Until comparatively recent years but little consideration was given to the emancipation of the physically defective. Many of the families of the children could not afford to give them special attention, their infirmities practically confining them to their homes, so, like Topsy, they 'just grew' in a world barren of any educational advantages during the plastic, receptive age when so much can be done to mould both mind and body. If this period is allowed to pass without the broad development and special training that belong to it, no amount of education in after years can ever redeem the loss.

It is not always easy to direct a normal child to its proper vocational path, but the road to the crippled is strewn with manifold obstacles.

At about fifteen years of age the pupil is given the privilege of choosing his vocation. Few fail in trades for which they have a fondness, but inclination and ability may not harmonize on account of the character of the infirmity. It is best in such instance to permit the child to convince himself of his lack of fitness. If this is not granted he would always have the thought that he was denied the very calling in which he surely should have been the most successful.

As each child is in the School at least five years before he enters a trade class, ample time is given to study his mental and physical qualifications and, when the time is ripe, to direct these into the proper trade channels, of which the following are offered: machine shop work, stationary engineering, cabinet making, carpentry, orthopedic shoe making, engraving, instrumental music, stenography, typewriting and bookkeeping, millinery and dressmaking, cookery and laundry work.

Before the conclusion of the academic course the number of hours a week spent in the trade classes varies with the demand of the school work of the various grades, but thereafter practically all the time is given to trade work.

Mechanical drawing is begun when a pupil enters a trade class. The exercises are designed to develop skill in the use of drawing instruments, to teach the principles of projection and development and the application of these principles to the practical problems in the chosen work.

Freehand drawing is taught to both girls and boys irrespective of the intended vocation. Representative and constructive drawing, design and talks upon the history of art are given. These are presented so as to develop observation, expression of ideas and appreciation of art.

For brace making, orthopedic shoe making, stationary engineering, carpentry and cabinet making, a strong mechanical tendency is required and ability to make long continued muscular effort—those least crippled are better qualified to follow these trades.

Engraving, on the other hand, will permit the placing of those who are unable to get about without the use of crutches. To this class belong those having partial or complete paralysis of both legs—almost all the time is spent at the bench. They must, however, have more than ordinary qualifications, as:

Good vision—able to work many hours without appreciable eye strain. Skill of hand. Ability to draw. Perfect nerve control and an artistic sense.

Stenography, Typewriting, and Bookkeeping, the three make a combination that would win a place much more quickly than if one of the branches was omitted.

It is essential to be a fair mathematician, to have a good auditory memory and mental alertness, a lightness of touch—which cannot always be acquired—and the faculty of concentration.

Before graduation, all the girls receive instruction in millinery, dressmaking, cookery and laundry work to meet the demands of the average household. A more detailed course is given in each to those who decide to follow it as a means of livelihood.

The moot question whether it is worth while to provide

specific training for normal girls, as the majority marry and take up household duties before they are twenty-five, may also apply to the moderately crippled young woman.

The general sentiment now is not to deny the learning of a trade, as it has been proved that women frequently return to their vocation after marriage. All the children are members of the singing classes. Those with the better voices and more talent are given special instructions and are organized into a glee club and into a choir that prepares music for the Sunday services. A few girls who have shown aptitude for music have been taught to play the piano and the organ.

The cottage boys, who number thirty-five, are members of a brass band which is divided into sections according to the length of time they have received instruction.

The band was organized eight years ago with fourteen instruments. Now there are eight cornets, four trombones, two baritone, four altos, three basses, nine B-flat clarinets, one E-flat clarinet, one piccolo, two snare drums and one bass drum.

The band master assures us that a fair percentage of these children will be able to earn a livelihood with their instruments, either wholly or in conjunction with their elected trade.

When the School was opened, the children, on account of the age limit, were not qualified for the higher grades; only recently, therefore, have pupils completed their courses in training.

There have been graduated in

Stationary Engineering,	1	Brace Making,	1
Carpentry,	1	Orthopedic Shoemaking,	1
School Teaching,	1	Engraving,	3
Cookery,	2	Instrumental Music,	1
Stenography, Typewriting and Bookkeeping,	4		

The School's interest in the welfare of those who are graduated does not cease with the giving of a trade certificate, but every endeavor is made to place them as advantageously as possible.

The present trade depression, being coincident with the finishing of the trade courses of a number of the pupils, it was, in consequence, impossible to place all of them.

Nine of the fifteen graduates are now at work, and the rest have been promised employment as soon as the business world should see a rift in the industrial clouds big enough to warrant an increase in the force.

With a vocation well chosen to dovetail with the aptitude and the infirmity, we feel sanguine that the crippled will be able to cope with their more physically fortunate fellow workers.

THE CURE OF DEFORMITY IN ITS SOCIAL ASPECT

H. WINNETT ORR, M.D.

Lincoln, Neb.

In dealing with cripples, it is sometimes a question which, from the patient's standpoint is more serious, disability or deformity. These two elements in the patient's condition in different patients bear very different relations to each other. In some, of course, there is great deformity and but little disability, in others, it goes without saying there is almost complete disability and no deformity at all. As in other branches of the healing art, orthopedists devote much time and energy to the prevention of deformity. Brilliant results have been obtained and are daily being obtained, however, in the field of deformity correction.

People in general need to be impressed with the importance from the patient's standpoint of the prevention and correction of deformities whether there is disability or not. This is especially true now that such remarkable changes are definitely possible for these patients in the hands of skillful orthopedists.

A good illustration of this is to be found in what can be done for those patients who have deformities of the long bones following rickets. Dr. Wallace Blanchard of Chicago has had an unusually large and interesting experience in the treatment of these conditions. The two accompanying illustrations published (plate XVIII) show in what a striking degree such a patient may be improved by skillful treatment. This is one of many patients treated by Dr. Blanchard by a technique carefully perfected by him. Other orthopedists following Dr. Blanchard's method or by procedures which they have worked out for themselves are also securing splendid results for these patients.

AMERICAN JOURNAL OF CARE FOR CRIPPLES
VOLUME II
PLATE XVIII



SHOWING CORRECTION OF DEFORMITY IN CASE OF BOWLEGS
UNDER TREATMENT BY DR. WALLACE BLANCHARD

To spare a child and later an adult the disability and deformity incident to such a condition is to have contributed much both directly and indirectly to his usefulness as a citizen and to his comfort and happiness as an individual.

NOTES ON THE INCEPTION OF CARE FOR WAR CRIPPLES IN ENGLAND AND FRANCE

DOUGLAS C. MCMURTRIE

New York

But little information is yet at hand regarding provision for war cripples inaugurated or projected in England and France. It is therefore too early to attempt a comprehensive survey of the field, but it is already evident that the needs are not being neglected.

The data now available will be presented as a current record in the following notes:

MILITARY WARDS IN SCHOOL FOR CRIPPLES

The Heritage Schools of Arts and Crafts, Chailey, Sussex, England, ordinarily for crippled children, have installed military wards for the reception of convalescent disabled soldiers.¹ The men are being taught various trades consistent with their individual handicap.

A detailed article on this work has been promised by its director, Mrs. Kimmins, for the next issue of the JOURNAL.

ORTHOPEDIC CENTRE FOR WOUNDED SOLDIERS

Another measure adopted in England for the care of military cripples is the establishment of an orthopedic centre for the care of such wounded as would profit from this type of treatment. This centre, to which suitable cases from other places are transported, is the Alder Hey Hospital of the West Derby Board of Guardians, equipped for 1000 beds. The

¹ Re-education of crippled soldiers. *Lancet*, London, 1915, clxxxviii, 778.

chief-of-staff is Robert Jones, F.R.C.S. The work is thus² described:

The chief work of this hospital is the treatment of cases of injury of joints and bones in which special orthopedic methods are required. Deformities not necessarily the result of wounds have developed in soldiers—for example, pes cavus, pes planus, and cartilage-joint affections on active service, and such case receives the necessary treatment. At present there are in the hospital cases of nerve injury and a certain percentage of malunion of fractures, chiefly of the bones of the forearm. The metacarpus is frequently damaged, necessitating often operation to preserve the usefulness of the hand. The x-ray department is under the control of Captain Thurstan Holland, whose skill in his specialty is well known. Electric treatment, diathermy, and ionic medication are also carried out, and a staff of competent masseuses, many of whom give their services voluntarily, completes the organization of this important orthopedic centre.

So far as is known no educational work has been undertaken at this centre. The *British Medical Journal*, in a later issue, suggests that trade classes might be easily added to the existing organization.

WORKSHOPS FOR DISABLED SOLDIERS

One of the efforts most important from the economic point of view is that of the Incorporated Soldiers and Sailors Help Society. Ever since the South African War this organization has been assisting necessitous and disabled veterans either through material relief, advice and co-operation, or providing employment in special workshops.

This latter feature is of particular interest. The workshops have been located in London and in Knaphill, Surrey, but the latter has been temporarily converted into an emergency convalescent home since the opening of the present war. The lines

² Orthopedic centre for wounded soldiers. *British Medical Journal*, London, 1915, I, 614-615. (April 3, 1915.)

of work in which instruction is given are: Carpentry, cabinet-making, basket making, gilding, painting, decorating, electric fitting, metal work, polishing and toy making. Sales rooms are maintained in connection with the office of the Society and an extensive illustrated catalogue is issued. The return on sales is said to be satisfactory.

For the first eight weeks the wages paid to the disabled men are eight cents an hour. Subsequently the minimum is five dollars per week, increased to six dollars and a quarter at the end of a year's service.

In order to meet the demands resulting from the present war, it is expected to establish more commodious shops in different localities, and by working with modern machinery instead of entirely by hand to create a much larger market for the men's goods. The new workshops are to be erected as a memorial to the late Lord Roberts—affectionately known to the English people as 'Bobs'—and a fund for this purpose is being raised.

The workshops now operating have already received cripples from the present war. A recent publication tells of a man who lost one leg and was wounded in the other at Mons, who is now being taught basket making. "The benefit of work to such a case does not altogether, or even mainly, lie in the wages earned. It lies in the moral and physical good effected by regular employment of mind and body. Another worker, shot in the leg at LaBasse, would at first, as the result of a shell bursting over his head, faint away if he stood up for long. He has done so twice since he entered the Society's workshop, but he now feels much brighter than before. There are others from the front—one man with only a right arm, another with only a left remaining—and there are twenty or thirty waiting until their limbs are in a condition to let them begin work."

During the last twelve years \$200,000 has been paid out in wages to disabled workmen.

MECHANICAL EDUCATION OF CRIPPLED SOLDIERS

This subject is discussed in a recent issue³ of the *British Medical Journal*:

Among the wounded from the war there must be a great many men maimed or crippled by the loss of a hand, or an arm, or a leg; many will not be able to resume their ordinary occupations, especially if they have been mechanics, and must suffer from great depression when they regard the future. A great deal, however, can be done by education of the sound limb, and often by re-education of a damaged limb, to enable such men to follow many mechanical trades. But we conceive it to be important that arrangements should be made to give the necessary education without delay; not only will it act as a mental tonic, but it is, perhaps in the early stage, when a man first realizes his deficiency, that he will be most keen to make it good as far as possible.

ACTIVITY FOR WAR CRIPPLES IN FRANCE

The same article continues with reference to the beginnings of work along these lines in France.⁴

The French have already taken steps in this direction, and a school of 'functional re-adaptation and professional re-education' has been established for maimed and crippled soldiers. The scheme has been started by the Ministers of the Interior and of War acting together, with the assistance of a special Parliamentary Committee. Professor Kirmisson, the well-known orthopedic surgeon of Paris, is in charge of the first temporary schools at Saint-Maurice and Vacassy. It is proposed to establish a number of other schools, one of which will occupy the Grand Palais and another the convalescent home at Vincennes.

³ The mechanical education of crippled soldiers. *British Medical Journal*, London, 1915, I, 652-653.

⁴ Another note on the beginnings of work in France appeared in the last issue of this JOURNAL, p. 46-47.

FOOD GROWING FOR CRIPPLED WORKERS— A SUGGESTED PLAN ¹

GILBERT TOMPKINS

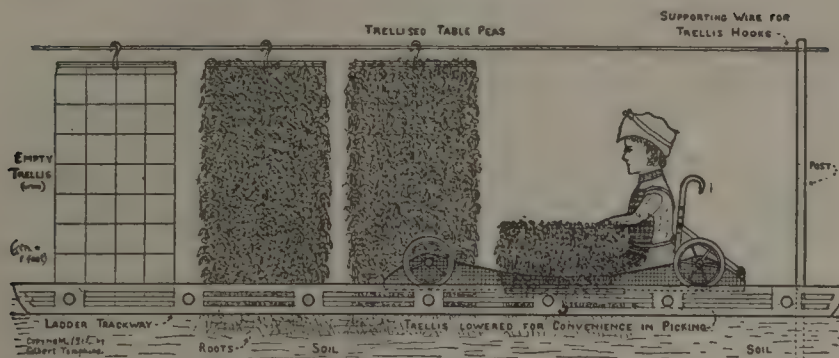
New York

In order that the profitable production of vegetables and small fruits may be brought within the reach of cripples and of those who lack the strength and endurance now needed in food growing, it is necessary to provide seating facilities adapted to the needs of the workers and the requirements of the work.

Seating arrangements of this description should be comfortable and adjustable for height and position; and each must be movable to a degree at the convenience of its occupant, irrespective of the general movement of any combined group of such chairs or seats.

A practical development of this plan will prevent the needless waste of working strength that is inevitable in present methods, and will also put into profitable and health-giving employment a large supply of labor that is now useless in farming of any description. If the fatigue caused by standing, stooping and sustaining the weight of the body for long hours can be taken out of the lighter operations in market gardening, the deft fingers of the worker of the city type will accomplish far more than the clumsy strength of the typical farm or garden hand, whose value is measured by his capacity for dogged endurance rather than by any cleverness or quickness of action. Furthermore, there is a real economic saving in the adapting of such work to the abilities of those of only moderate endurance, and thereby releasing the strong men to the occupations in which strength is absolutely essential. And relieving the average

¹ Copyright, 1915, by Gilbert Tompkins.



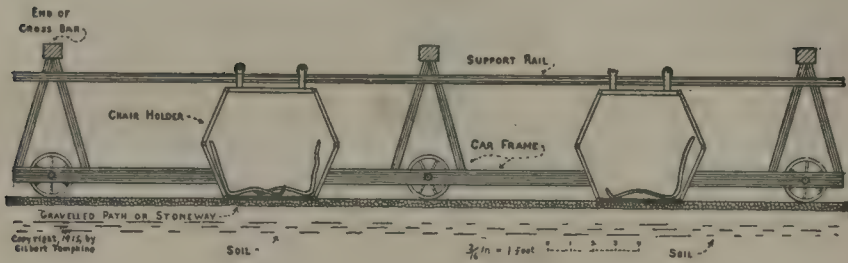
MOVABLE GARDENING SEAT ON LADDER TRACKWAY

worker from unnecessary strain should keep down the general disgust with physical toil that now makes any city existence seem attractive in comparison with the farm grind.

Movable working seats may be used to advantage in food production to an extent that can hardly be realized by anyone who has not looked into the subject. Their use may play an important part in the growing of nearly all the standard vegetables and fruits, and in the providing of an abundant supply of food for the raising of live stock. Seats of this description are particularly adapted to the picking of the highly productive varieties of table peas that are grown on trellises; so a short description of the way in which seated workers are used in this connection will give an example of the possibilities of the plan.

To provide a support for the seats, take a ten or twelve-foot ladder that is about eighteen inches wide. Its sides must be parallel, and must be held together with rungs, not steps. This provides a track, on which a light frame with rollers at the corners may be moved as desired. Any selected type of chair bottom may be bolted to this roller-frame.

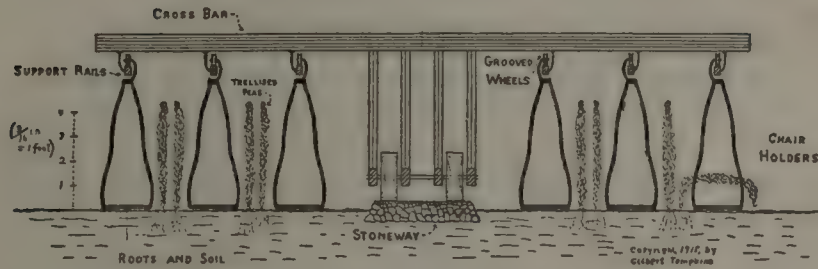
Sections of this trackway are placed between the rows of the pea vines, and the pickers may then move themselves at will by ropes attached to the track frames. Each row of peas is planted



SIDE ELEVATION OF SEAT FRAME
WITH TWO, THREE OR FOUR SLIDING CHAIR HOLDERS ON EACH OF
THE SIX SUPPORT RAILS OF THE KIND SHOWN

in two lines, six inches apart, with open spaces of 30 to 36 inches between the double rows. The trellis supports are contrived in such a way that clusters of the vines may be unhooked and laid across the laps of the workers, who are seated in comfort and are able to concentrate all their energies on the picking of the pods from the vines as rapidly as may be consistent with the health of each worker. Shelter against sun or wind may easily be provided; duplicate sections of track may be placed as needed, and a slow, toilsome job will be turned into the quick harvesting of a most popular vegetable. Where markets are near and workers plentiful, a daily delivery service of many kinds of freshly gathered or even cooked vegetables to hotels and families should be practicable and profitable. The early, late and out-of-season vegetables and small fruits may be grown to good advantage in greenhouses; and when the utilization of seated garden workers is fully understood, many such ways of earning money will make important savings in the costs of maintaining institutions and human repair shops. The present war will leave many victims in its train who could be of real use to themselves and others in properly organized establishments of this general description.

The tracks and sliding seats will be all that will be needed in food gardening on a moderate scale; but a further development



END VIEW OF SEAT FRAME

CARRYING 12 TO 24 SINGLE OR DOUBLE CHAIR HOLDERS, WHICH PROVIDE
WORKING-SEATS FOR 12 TO 48 FOOD PRODUCERS

of the idea will be of great advantage in making use of a larger force on wider acres. To this end suitable pathways may be built, on which seating frames of the kind shown may carry twenty or more workers, all placed so that they may make short work of the planting, close cultivation and harvesting of the selected crops. And there is any quantity of land that will be greatly benefited by the collecting of all its loose stone into these paths, or stoneways as they are called; which provide a valuable foundation for many labor saving methods that will show hitherto undreamed-of possibilities in the practicable use in food growing of workers who may be partially crippled in body, mind or courage.

FARM FOR CRIPPLED WORKERS ON THE PANAMA CANAL

DOUGLAS C. MCMURTRIE

New York

During the construction of the Panama Canal there have been crippled and disabled a certain number of workers. The effort was first made to provide for them by giving them miscellaneous light jobs of one kind or another, but this policy did not prove adequate to the situation as the number of the disabled increased. There was also to be considered the disposition of those workers who had become insane during work on the canal.

It was decided that the most profitable plan would be to establish a farm for incapacitated workers, where they could be cared for and at the same time usefully employed. A tract at Corozal, in the Canal Zone, was therefore set aside for the purpose, and the farm was organized as a division of the Ancon Hospital. A recent report shows fifty-six disabled workers as being cared for and employed.

The farm has only been in operation about a year and it is as yet too early to record any decisive results. But the experiment is one which should be of great interest to those engaged in work for the crippled, and the present article is only to serve as a preliminary announcement of the enterprise. Later on, an endeavor will be made to secure a detailed statement of the daily work, but meanwhile it may be well to present the documentary records bearing on the inauguration of the farm. These are in the shape of extracts from the *Canal Record*, the weekly paper published on the Isthmus.

It should be explained that employees on the 'gold roll' are skilled, while those on the 'silver roll' are unskilled laborers. The documents follow:

FARM FOR DISABLED LABORERS¹

A committee, consisting of Maj. R. E. Noble, chairman, Capt. R. E. Wood, and Mr. C. A. McIlvaine, has been appointed to select a site in the Canal Zone for a farm on which laborers who have become insane, chronically ill, or crippled in the service of the Isthmian Canal Commission can be cared for and given employment. The chronically ill and the insane have been heretofore the unremunerative wards of the Commission, while the crippled have been engaged for such work as they are able to do. The farm, affording healthful employment, will also be as nearly self-supporting as it is possible to make it.

HOSPITAL FARM FOR THE DISABLED AND INSANE²

The chairman has approved the report of the committee, consisting of Maj. R. E. Noble, Capt. R. E. Wood, and Mr. C. A. McIlvaine, appointed to investigate the matter of establishing a hospital farm for the care of the permanently disabled employees of the Canal Commission, and for the insane. The Canal Commission and the Panama Railroad Company are now giving employment to twenty-four disabled persons on the gold roll, and two hundred and twelve on the silver roll. The following statements show the number married and single, and the classes of work at which they are employed:

	Gold roll	Silver roll
Married.....	13	121
Single.....	11	91
Total.....	24	212

CLASS OF EMPLOYMENT

	Gold roll	Silver roll
Switchmen.....	..	114
Watchmen.....	1	39
Laborers.....	..	16
Foremen.....	5	3
Carpenters.....	1	3
Miscellaneous.....	17	37
Total.....	24	212

¹ Farm for disabled laborers. *Canal Record*, Ancon, 1912-1913, vi, 37.

² Hospital farm for the disabled and insane. *Canal Record*, Ancon, 1912-1913, vi, 69.

The committee in its report favored, as the best plan for caring for the chronically ill and crippled employees, and the insane, the establishment of a farm where the cultivation of bananas, plantains, yams, and other native vegetables can be carried on. It is also believed that it would be a good plan to combine with this farm the dairy, poultry farm, and piggery now maintained by Ancon Hospital. These activities would afford varied employment to the prospective inmates, ranging from ordinary labor for the physically fitted among the insane, to light tasks for the crippled. The committee favors Corozal as the best site for such a farm. There are several hundred acres of comparatively open land at that point, and the survey prepared by the expert from the United States Department of Agriculture shows that the soil in that locality is good. The present Canal Commission buildings at Corozal are ample to house all the disabled and insane; moreover, the town has good railroad service and, in addition, there is a wagon road to Panama. Furthermore, it is probable that a wagon road will be built within the next year or two to Ancon and Balboa.

The committee was of the opinion that the insane asylum now at Ancon should be transferred to the new site, as soon as canal construction has advanced to the point when the employees' quarters can be vacated, and those of the crippled employees who desire it can be transferred at the same time. In case a reduction of force makes it necessary to care for some of the disabled before the houses at Corozal will be available, the committee suggested that two or three labor camps be moved to the site of the farm for temporary quarters, and in this way the services of the men can be utilized in the preliminary work at the farm.

Admitting that it was difficult at this time to give more than a bare outline of the scheme of administration at the proposed farm, the committee believed, however, there should be a doctor in charge of the insane, as at present, he to determine those of the patients capable of performing labor. It was further agreed that the superintendent of the farm should be one with a knowledge of tropical agriculture, and that he should be employed from the outset, in order to plan matters properly. The committee favored the furnishing of quarters to the disabled, including a limited number of married quarters to those having families, and that they should be paid a wage

scale of five, seven and ten cents an hour, dependent on the tasks they are called upon to perform. It was believed, also, that it would be more advantageous to have Ancon cemetery moved to a site adjoining the farm.

The chairman, in approving the report of the committee, requests the chief sanitary officer to give the matter of moving the cemetery to the site recommended by the committee, together with other details, his prompt consideration, in order that the planting of fruit trees may be taken in hand as soon as possible, and stated that as soon as a competent superintendent is procured, and the farm is planned in a general way, a considerable number of employees who are crippled but who are still capable of performing a certain amount of labor can be detailed to start the work.

CARE OF THE INCAPACITATED³

Following is the report of a committee, consisting of Lieut.-Col. Chas. F. Mason, chairman, Mr. H. A. A. Smith and Mr. C. A. McIlvaine, appointed by the chairman to consider the administration of the Corozal Farm, a refuge for laborers who become chronically ill, insane or disabled in the employ of the Isthmian Canal Commission and the Panama Railroad:

CULEBRA, C. Z., December 11, 1912.

COL. GEO. W. GOETHALS, *Chairman*,
Culebra, C. Z.

SIR:

1. The committee appointed by your letter of November 29 respectfully submits the following report and recommendations relative to the administration of the Corozal Farm:

2. The committee met at the office of the Superintendent of Ancon Hospital, Tuesday morning, December 10, Mr. H. A. A. Smith, Examiner of Accounts, representing his department. The matters discussed were as follows:

FUNDS

3. The farm will in large part consist of institutions now forming a part of the Department of Sanitation, such as the Insane Asylum, the dairy, the piggery, the hennery, and the cemetery. To these will be added certain features to make the farm self-supporting, if possible. The matter of caring for disabled employees was

³ Care of the incapacitated; report of committee on the administration of the Corozal Farm. *Canal Record*, Ancon, 1912-1913, vi, 138.

brought to the attention of the Appropriation Committee in 1910 (see page 196, Hearings Concerning Estimates for Construction of the Isthmian Canal for Fiscal Year 1912), as a result of which, Item 12 of the Appropriation Acts for the Fiscal Years 1912 and 1913 contains a provision for the care of disabled employees under the appropriations for the Department of Sanitation.

4. This being the Congressional authority for the care of these men, and the farm being the means for using the funds most economically and humanely, it follows that the funds of the Department of Sanitation should be used for carrying out the plan. It is the opinion of the committee that proper steps should be taken to credit to the farm and make available for its use such funds as amounts realized from sale of farm products, paid patients in the insane asylum and services performed on the farm or in its shops, etc., for other parts of the Canal work, and we so recommend.

CONDITIONS OF EMPLOYMENT

5. The conditions of employment will probably have to be worked out by actual trial but, for initial purposes, the following general rules are recommended:

1. The rates of pay for hourly men will be 3, 5, 7 and 10 cents gold per hour, and for monthly men (foremen, clerks, etc.) \$15, \$20 and \$25 gold per month.

2. Ten hours will constitute a day's labor.

3. The 3, 5, and 7-cent rates will be paid to colored labor and the 5, 7 and 10-cent rates to European labor.

4. Employees will be furnished bachelor quarters, subsistence similar to that now furnished at I. C. C. kitchens and messes, necessary laundry work and plain work clothes.

5. All laborers must work at least two weeks at the lowest rate—3-cent and 5-cent for colored and European laborers, respectively—and until they show that they can earn a higher rate, before receiving higher pay.

6. Men having families dependent on them and who wish to live at home will be allowed commutation of subsistence in the form of an increase of pay of 3 cents per hour for hourly men and 30 cents per day for monthly men for such time as service is actually rendered.

7. Employees of the farm may purchase products of the farm for use of themselves and families at wholesale market prices.

8. Married quarters, when available, will be furnished in cases found, after investigation by the Farm Advisory Board, to be most deserving.

9. Leave of absence without pay for any length of time may be granted by the Superintendent of the Farm.

10. Employees will be free to come and go as they please outside of regular working hours.

11. Employees will be subject to the orders of the Superintendent. They must perform the tasks allotted to them and, on failure to do so, will be subject to discipline or reduction of pay. When in the opinion of the Advisory Board such action becomes necessary, employees will be deported to their native countries and will thereafter not be entitled to further assistance by the Government in any form.

12. Only men permanently disabled while employed by the Commission or the Panama Railroad Company or in service connected with the construction of the Canal will be employed, except such supervisory force as may be necessary.

13. To receive employment, application must be made to the Chairman of the Commission on a form to be provided for that purpose. When the application is approved, the applicant will be given employment.

DUTIES OF THE SUPERINTENDENT

6. It is recommended that the duties of the Superintendent be tentatively outlined as follows, subject, of course, to modification as the need becomes apparent:

1. He will plan the work and general layout of the farm, subject to the approval of the Chief Sanitary Officer and the Chairman.

2. He will superintend the execution of all farm projects and the sale of products.

3. The government and assignment to duty of all employees, under such rules as may be approved by the Chairman, will be in his hands.

4. The physician in charge of the insane will also look after the health of the farm employees and will co-operate with the Superintendent in the administration of the farm, should any question of jurisdiction arise.

5. The Superintendent will grade and classify the laborers according to their various classes of employment and earning power.

OFFICE FORCE

7. There will be a considerable amount of accounting and timekeeping and some correspondence, reports, etc., in the administration of the farm, and it is recommended that one gold clerk at \$125 per month be employed to take charge of the office, and that he recruit his force of assistants from the disabled force.

ACCOUNTING

8. It is recommended that the Examiner of Accounts prepare a system of accounts for the farm work and that Mr. Faure outline a cost-keeping system.

ACTIVITIES

9. The subject has been reported on in a general way by a previous committee. It is the opinion of the committee that, as soon as the development of the work warrants, such adjuncts to the work as mess kitchens, animal transportation, corrals, carpenter shops, etc., should be a part of the farm work and in charge of the Superintendent.

10. Until that time, subsistence should be furnished by the Subsistence Department and corral service by the Quartermaster's Department.

11. The subject of flower raising was mentioned and the committee, believing there is a ready market for cut flowers, recommends that this project be included in the farm plans.

12. The feasibility of operating shops similar to Quartermaster's Department carpenter shops, mattress factory, etc., to perform work for other departments was also discussed, and it appears to the committee that this is entirely practicable.

COROZAL FARM BOARD

13. Mr. Smith suggested that a permanent board, to act in an advisory and consultative capacity, might often expedite the solution of farm problems and in other ways be of considerable help. The committee recommends the adoption of the suggestion and that the board consist of three members, one from the Department of Sanitation, one from the Department of Examination of Accounts, and one from the Chairman's Office.

Respectfully,

(Signed) CHAS. F. MASON, *Chairman,*
Superintendent of Ancon Hospital.

(Signed) H. A. A. SMITH,
Examiner of Accounts.

(Signed) C. A. McILVAINE,
Chief Clerk, Chairman's Office.

WORK AT COROZAL FARM⁴

The farm at Corozal for the care of the disabled employees of the commission, the establishment of which was approved by the chairman in November, 1912, has, so far, had only six applicants for admission. In order that the work of the farm might be started, on February 27 a force of forty-five laborers was put to work for the purpose of clearing, ploughing, and planting a portion of the land lying to the north and east of Corozal. The employment of these men, pending the admission of a sufficient number of disabled inmates or the transfer of the insane, was for the purpose of taking advantage of the beginning of the dry season to prepare the ground for the crops that will be planted. After this heavy work by the present force of laborers is completed, and the disabled and partially disabled are housed at the farm, all necessary work will have to be done by the labor of inmates.

The insane will not be transferred from the Ancon asylum to Corozal until the present quarters occupied by gold employees are vacated, and such alterations made in the buildings set aside for the asylum as will make them suitable for use as an asylum for the insane. There are sufficient barracks on hand at present to house all the disabled that may be stationed at the farm.

⁴ Work at Corozal Farm. *Canal Record*, Ancon, 1912-1913, vi, 225.

OPERATIONS AT COROZAL FARM⁵

Plowing is in progress at the Corozal farm, and some planting has been done. A part of the farm, which altogether contains about seven hundred and fifteen acres of land, the greater part of which is the property of the Panama Railroad, has been placed under fence, using old iron rails for posts and barb wire for the enclosure. A nursery for young plants, such as cabbages, tomatoes, eggplant, avocados, mangoes, cavassa, etc., has been started at the end of the fenced-in section nearest the village. The soil in this vicinity contains a great many stones, the larger of which are collected and carted off. On a part of the farm west of the railroad, where there is an hydraulic fill, twelve hundred coconut plants obtained from the interior will be set out. About fifteen hundred young banana plants have also been received and set out. Not much has been done so far in planting ordinary garden truck, but it is proposed to utilize an adjacent hillside for the growing of onions, cabbages, and tomatoes as, during the rainy season, the superabundance of moisture on level ground tends to an excessive growth of tops. There is a promising field of corn to the north of the village which has been planted along with plantains and papaya, and to which will be added later pumpkins, making four crops in all from the one piece of ground. It is possible that the raising of fodder corn, with the view of using it in a silo, will be tried later to furnish food for the Ancon dairy herd. The farm contains a number of full grown mango, avocado and orange trees, but it is planned to add to these considerably, especially as regards mangoes and avocados.

There are only four inmates at the farm at present. The services of these are utilized as far as possible, but outside help has to be procured to carry on the work. The inmates sleep in the farm building, but take their meals at the silver laborers' mess. The office of the farm is located temporarily in the building containing the offices of the resident engineer.

CHANGES AT COROZAL FARM⁶

A board, consisting of Lieut.-Col. Chas. F. Mason, Mr. H. A. A. Smith, and Mr. C. A. McIlvaine, appointed to consider matters in

⁵ Operations at Corozal Farm. *Canal Record*, Ancon, 1912-1913, vi, 357-358.

⁶ Changes at Corozal Farm. *Canal Record*, Ancon, 1913-1914, vii, 245-246.

relation to the Corozal farm, has recommended a number of changes in the regulations governing it, which have been approved.

The regulations formerly provided for a working day of ten hours. In view of the fact that the disabled laborers employed on the farm, many of whom have lost at least one limb, are not able to work ten hours, it has been decided to make the working day eight hours.

Men having families dependent upon them and living with them at the farm will hereafter be allowed commutation for subsistence at the rate of twenty-seven cents a day for colored, and forty cents a day for white inmates, for each day they are on duty, or sick with a physician's certificate covering, and shall be allowed the same commutation for Sundays and holidays provided they have been working the day preceding and the day following such Sundays and holidays, or provided their absence on these days was due to illness. This change has been made to place the married men on the same footing as the bachelor inmates, as formerly no allowance was made married men for rations on Sundays and holidays, or when sick.

A shed situated near the farm kitchen has been set aside for the exclusive use of the disabled colored inmates in the serving of food. Previously, it was the custom to serve them along with the well laborers, but this plan did not work out satisfactorily. It has been decided also not to quarter any outside laborers in buildings assigned to the farm laborers.

The stockade, formerly used by the Quartermaster's Department as a shelter for its employees, will be turned over to the farm to house the insane patients assigned to work about the place. The services of these men are much needed at the present time, in order to clear up the pasture lands before the rainy season sets in.

The number of disabled and indigent inmates at the farm is gradually increasing, and was forty-eight on February 14.

PRELIMINARY CONTRIBUTION TO THE BIBLIOGRAPHY OF OFFICIAL PUBLICATIONS OF AMERICAN INSTITUTIONS FOR CRIPPLES

DOUGLAS C. McMURTIRE

New York

There is presented herewith a preliminary draft of a bibliography of official publications and reports of American institutions for cripples. The entries index one section of the library on the care of cripples being collected by the editor of this JOURNAL, as of January 1, 1915. Since that date additional material, not here indexed, has been received, and will be included in a revised list to be issued later. Most of the publications are now bound in permanent form or are in process of binding.

Early documents of historical interest or value are especially desired as additions.

Each entry is made under the name of the organization publishing the document, though in some instances the particular cripple activity concerned constitutes a subsidiary activity and so is not expressly referred to in the indexing. Thus, *e. g.*, the reports of work at Sea Breeze Hospital, Coney Island, N. Y., appear in the publications of the Association for Improving the Condition of the Poor, New York City.

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EDITORIAL NOTES

ACTIVITIES OF THE FEDERATION

The principal recent activity of the Federation has been fresh air work, securing vacation opportunities for crippled children. While the work is not large in extent in comparison with that of some organizations, it is highly specialized, providing for children not otherwise reached.

For instance, the children which went to the Blythedale Home for Convalescent Tubercular Cripples for the past two years, were followed up by the executive secretary of the Federation. This is important—to ascertain whether favorable conditions continued or whether relapses ensued. The latter are serious when the child has been lost sight of, but if followed up, the proper action can be taken.

A report regarding provision for Jewish cripples in New York was made for the Bureau of Municipal Research.

Two boys were secured for the Brearley League jewelry class, the regular case work has been carried forward, and considerable effort was expended in an endeavor to find suitable occupations in which employment might be secured for crippled men.

AMENDMENT TO COMPENSATION ACT

An amendment to the New York State workmen's compensation act in some degree affecting cripples has been recently enacted. The text follows:

Previous Disability. The fact that an employee has suffered previous disability or received compensation therefor shall not preclude him from compensation for a later injury nor preclude compensation for death resulting therefrom; but in determining compensation for the later injury or death his average weekly wages shall be such sum as

will reasonably represent his earning capacity at the time of the later injury provided, however, that an employee who is suffering from a previous disability shall not receive compensation for a later injury in excess of the compensation allowed for such injury when considered by itself and not in conjunction with the previous disability.

NEW LOCATION FOR ADULT TRADE SCHOOL

The Trade School of the Hospital of Hope for Crippled Men, formerly situated at Mott Avenue in the Bronx, has moved into new quarters at the corner of 42nd Street and Lexington Avenue, New York. The location at Mott Avenue seemed inaccessible, not only for the cripples but for visitors and social service workers. It was deemed wise to change the location, and a site that might be considered ideally accessible was chosen. It is convenient to the subway, elevated, crosstown and surface cars and is within easy reach of the hospitals.

With the change in location, a change in policy was adopted. Being now located in an office building, it was manifestly impossible to maintain a dormitory and consequently all physical care of pupils was discontinued. It is easy for the pupils to find board and lodging in the neighborhood at a reasonable rate. It is also fortunate that there is in the immediate vicinity a lodging house for boys maintained by the Children's Aid Society. The School is now exclusively a day school, the hours being from 9 a. m. to 4:30 p. m. A light lunch is provided at noon. As heretofore everything is provided free of charge.

A new class in shoe repairing has been established and has so far proven highly satisfactory. Graduates from this class have the advantage of being able to establish themselves in business and to make a livelihood without interference by the trades unions. The problem of the unions is a serious one and should be borne in mind by those working to provide instruction for cripples.

In the past few months the success in placing graduates has

been very gratifying. No less than five have found positions during the month of June.

NEW PROPERTY FOR GOOD SHEPHERD HOME

The Good Shepherd Home, Allentown, Pa., has purchased two valuable farms near the western city limits for \$33,000. The Home now has property worth over \$95,000. The plan is to have a place in the city, in the country, and at the seashore so as to enable the Home to take proper care of its afflicted wards.

CARE OF CRIPPLES IN HOLLAND

The care of cripples began in Holland in 1899 with the establishment of the '*Vereeniging tot verzorging van gebrekkige en mismaakte kinderen in Nederland*', intended to promote the erection and support of cripples' homes in Holland. Each home so established is independent, and may be denominational, although the *Vereeniging* is non-sectarian.

Since 1900 the *Vereeniging* has had at Arnhem, the capital of Gelderland, its own institution, the '*Johannastichting, tehuis voor gebrekkige en mismaakte kinderen gevestigd te Arnhem*'. This is Protestant, but children of all communions are received and may attend their own churches. Only cripples of sound intellect are admitted, and each must pay an annual fee of 300 gulden, no support being received from either church or state. In 1901 the institution had only one room, but in 1903 a garden and villa were purchased, and in 1907 additional property was acquired. There is accommodation for about 20 inmates between the ages of 9 and 25. In the school instruction is given in the ordinary elementary subjects and foreign languages. The only manual training is in the making of chairs, couches, baskets, and similar articles. The results seem to bear the test of competition. The girls learn cooking, sewing, embroidery, and so forth.

In 1913 a second institution for cripples, the *Adriaan-Stichting*, was established at Rotterdam.

AWARD TO CRIPPLE TRADE SCHOOL

The Trade School of the Hospital of Hope for Crippled Men has just received word of the award of a silver medal for its exhibition of work at the Panama-Pacific Exposition. The exhibit comprised hammered copper ware, engraving, and glass mosaic work. It was shown in the Department of Fine Arts.

THE ORIGIN OF 'CRIPPLEGATE' IN LONDON

The Cripplegate district in London derives its name from an ancient London gate, probably dating from the restoration of the walls by King Alfred in the year 886. It is said to have derived its designation from the lame beggars who congregated there in A. D. 1010, to touch the body of Edmund the Martyr as it was passing through. It was twice rebuilt, and was pulled down in 1760.

STATE CARE FOR CRIPPLED CHILDREN

Under this title appears a most commendable editorial¹ in a recent issue of *The Nurse*, a new journal devoted to the field of trained nursing. In the same issue appears an article summarizing the findings of the Sage Foundation book. It is a good sign to see periodicals of general circulation giving attention to work for cripples, and the public sentiment thus engendered cannot but prove helpful. The editorial in question is reprinted herewith.

Though we continue to debate the authority of the government, both state and national, in its slowly increasing of so-called individual rights, the years have witnessed our surrender point by point. At the present time the argument centers around government control of industries; but in spite of objections the government goes merrily on

¹ State care for crippled children. *The Nurse*, Jamestown, N. Y., 1915, ii, 478-480.

building canals and constructing railroads on its own account, and fixing rates and adjusting time schedules for private enterprises—*perhaps* just to show that when the time comes for the solution of the problems connected with unemployment the state will have its answer ready; for control of industries will include the power of fitting men for work and finding work for them to do.

The history of our retrenchment is an interesting one had we space to review it. From the time when our forefathers started an actual rebellion on account of a revenue tax on such common 'household necessities' as whiskey and tobacco, it has been a strenuous fight; but in almost every instance government has won its contention by a campaign of education. There was bitter denunciation of the state's proposal to appropriate for institutional care of the poor some of the 'hard-earned dollars' of our more fortunate citizens. In fact, state charity still enjoys a measure of disrepute unless presented under the politer name of pension. The same objections were presented in the fight against state care of the insane and the blind.

Another class of unfortunates is the maimed and crippled children. Only recently, when private philanthropy had taught the advantages be derived from institutional care, have these unfortunates been considered as possible wards of the state. A few of the states, Massachusetts, New York, Minnesota, and Nebraska, have already profited by the lessons taught in the practical results attained by the private philanthropic institutions, and in spite of objections raised against the appropriations, have assumed the duty of providing proper treatment for crippled children.

But along with provision for scientific care of cripples, the state has in view the solution of another problem. The child starting out in life under the handicap of physical disability is very likely to become discouraged, lose his spirit of independence, if it has been acquired, and eventually become a mental cripple. As soon as parental care is removed, the mental cripple finds his level with the lowest classes of the unemployed, among the mendicants and vagrants, a human parasite. The state institution, while doing its best to relieve the physical disability, at the same time undertakes to teach the child a useful vocation. Once master of a useful occupation, there is developed in the child a sense of independence that will keep him out of the

ranks of the alms seekers and the mental degenerates. The mentally independent man or woman is never a professional beggar.

For pioneer work in this field, too much credit cannot be given to private orthopedic hospitals, and such vocational institutions as the Widener Memorial School and the Massachusetts Hospital School. But these institutions are limited; they can receive but comparatively few of the children suffering a physical handicap. It then becomes the duty of every state to do what these schools have done, namely, recognize that the crippled child presents a special educational problem as well as a surgical problem. To complete the courses of the public schools in competition with physical superiors will not equip the cripple with the means of providing for himself a living. The crippled child is one of the state's economic problems, and should be considered, therefore, as a part of the community at large, as one of the state's citizens, if there is to be developed in him the standards of normal living.

With four states having already assumed sponsorship of the maimed and crippled and several other states considering their responsibility in making useful citizens of these dependents, nurses will find in such state institutions an opportunity to broaden their work by becoming vocational nurse-teachers. The nurse who can develop the mind of a child as well as care for its body, who can be teacher as well as nurse, will find in orthopedics a field for a great humanitarian work.

THE PHYSICALLY DEFECTIVE

In a general English book on school hygiene which recently appeared, there was included a section dealing with cripples. The text under the above subject heading is reproduced herewith:²

This term, strictly speaking, includes the groups already dealt with, namely, the epileptic, blind and deaf, but it is more convenient to use it as applying to children suffering from other defects than these. Until recently the term has not infrequently been used as synonymous with 'crippled', and schools for the physically defective have been confined for the most part to crippled children. Children, however,

² RALPH H. CROWLEY. *The hygiene of school life*. London, 1910. p. 128-133.

who, in the words of the Act, "by reason of (mental or) physical defect are incapable of receiving proper benefit from the instruction in the ordinary public elementary schools," are a much more numerous class than that of 'crippled' children merely. All such children, however, we shall deal with in a later chapter, namely, that on 'The Open-air Recovery School', and here we shall confine ourselves to crippled children proper.

There are no available statistics as to the *number* of these children in the country. They have been put down as constituting about 3 in 1000 of the school population, but this proportion will vary within wide limits in different districts.

In regard to *causation*, tuberculosis is responsible for the greater number of the cases. In an examination of 1,050 physically defective children in the London schools by Dr. R. C. Elmslie, there were 805 cripples, and of these the condition was due to tuberculosis in 480 cases, that is to say, approximately 60 per cent. The remainder of the cases were due to various deformities and to different kinds of paralysis. In those cases where the condition was caused by tuberculosis, the spine was affected in 39 per cent., the hip in 40 per cent., the knee in 17 per cent., and other bones and joints in 4 per cent.

The provision made for the education of these children is at present very inadequate. A large number of cripples are confined to bed, some of whom are too ill to make any form of education practicable; a still larger number, though confined to the recumbent position, are nevertheless fully capable of benefiting from a regular course of education; while the majority of crippled children are active and able to get about, and urgently require that arrangement should be made for day attendance at school.

Provision for the education of cripples may be made, then, in three directions:

(1) *By means of a Day Special School.*—In this the majority of the cripples in a district could be conveyed by some form of ambulance, and provision must of course be made at the school for children totally unable to walk, as well as for those less severely affected.

(2) *By means of a Residential School or Hospital School.*—Some crippled children require treatment such as can be provided only in an institution for a period of months or even years. There is no reason, in

many cases, why the education of such children should be neglected, though provision of this nature is but rarely made.

(3) *By the education of Children in their own Homes.*—This latter must be looked upon as a 'makeshift' only. In the larger centres of population, provision should be made by either Day or Residential Schools. In the more sparsely populated districts, however, it is probably at present too much to ask the Education Authority to make special provision for crippled children. Some really useful work may, however, be done for children in their homes by voluntary effort in those cases where no action is taken by the community. The children can at any rate be taught to read, and, if physically capable, to write, while manual work of one kind or another will greatly add to the interest of their lives. Whatever provision is made in a district by means of special schools for crippled children, there will always be a few, at any rate, for whom this home visiting will be required.

There are at present thirty-four Day Special Schools in different parts of the country, of which twenty-four are under the London County Council. During the year 1906-7 Government grant was paid on 1802 children in these schools. In addition there are three Residential Schools in Liverpool, Manchester, Chailey (East Sussex), respectively, providing accommodation for 145 children. It is evident from the above statement that there are many large centres of population where, as yet, no provision has been made for crippled children.

In regard to the kind of school required, the physical condition of the child must be the first consideration. The school should be built, and all arrangements made on the principle of the Open-air Recovery School as described in Chapter XIV. As the children have in any case to be conveyed to school, the site should be, though as near to the town as possible, yet sufficiently far from the centre as to meet the requirements of this type of school.

But questions other than those strictly educational are at once raised by such an institution as a Cripple School. It is impossible to view the children in such a school, or to contemplate the great expense incurred in establishing and maintaining such schools, without asking one's self whether, in the first place, all is being done, surgically or otherwise, to improve the physical condition of the children, and

secondly, whether the crippled condition of such children might not have been prevented. In regard to the first consideration, the Education Authority cannot divest themselves of responsibility. As in the case of the cleansing of verminous children, or the correction of defective eyesight, they should see that adequate treatment is forthcoming; they cannot afford to allow a child to remain untreated, or inadequately treated, either in justice to the child or themselves.

But it is the second consideration which will appeal the more strikingly to an Education Authority, the question, that is, as to whether the crippled condition of the child could not have been prevented. In a great many instances this would undoubtedly have been possible. A large number of crippled children are so disabled because the disease has not been recognized sufficiently early, or if recognized has not been persistently and adequately treated. This point is well illustrated by the history obtained in the case of the children in the London schools already referred to. Thus Dr. Elmslie found the cases of tubercular disease of the spine started, in seventy-two per cent. of the cases, between the ages of one and five years, while those of tuberculous disease of the hip started between the ages of two and six years in sixty-four per cent. The age of onset of tuberculous disease of the knee and other joints was spread equally over the first nine years. Medical inspection may confidently be expected to assist materially in diminishing the number of cripples, especially if the arrangements are made to ascertain the reason for absence from school of all children of school age. All over the country this will mean that children on attaining the age of five years will be under constant supervision, while, in the large centres of population at any rate, it will mean further that something like one-half of the children from the age of three years will be under similar supervision. Moreover, the Medical Officer of Health through his Health Visitors is increasingly getting into contact with the homes where the parents are more especially in need of help and advice, and this affords additional ground for the conviction that the number of crippled children will be gradually diminished. Such inspection, with its corollary of requirement for persistent and adequate treatment, will materially affect the provision which it will be necessary to make for these children. A large number of the cases of tuberculous disease

of bones and joints require, in their early stages, much more prolonged rest, good food, and fresh air than they at present obtain, and just as we have seen that the treatment from the point of view of the Education Authority in regard to tuberculosis of the lungs means the use of a Sanatorium, where facilities might be provided for continuing the education of children whose physical condition permitted of such a course, and its complement, the Open-air School, so the treatment of these other forms of tuberculosis demands in a like manner the use of a Hospital with similar educational provision and its complement of a Day Open-air Cripple School. It is hardly too much to say that, given this searching out of the potential cripple combined with adequate treatment of the disease immediately upon discovery, more than one-half of the problem of the crippled child, and still more that of the crippled adult, would practically disappear.

The whole problem of the crippled child is an excellent illustration of the fact, which has cropped up over and over again in these pages, of how close is the connection between prevention and treatment. There is no greater stimulus to prevention, the acknowledged work of the community, than the recognition by the same community of its responsibility for the securing of treatment.

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EDITED BY

DOUGLAS C. MCMURTRIE

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CONTENTS

The Princess Louise Military Wards and 'Educative Convalescence' for crippled and wounded soldiers, in connection with the Heritage Craft Schools for Cripples, Chailey, Sussex, England. GRACE T. KIMMINS	125
Measures for the care of war cripples in Germany; plans for economic rehabilitation. DOUGLAS C. MCMURTRIE . .	129
Contributed Notes	139
Shop for cripples' work, CARRIE M. SELIGMANN.	
Bibliographical Notes	139

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THE PRINCESS LOUISE MILITARY WARDS AND
'EDUCATIVE CONVALESCENCE' FOR CRIPPLED
AND WOUNDED SOLDIERS, IN CONNECTION
WITH THE HERITAGE CRAFT SCHOOLS FOR
CRIPPLES, CHAILEY, SUSSEX, ENGLAND

GRACE T. KIMMINST†
Chailey, Sussex, England

With the outbreak of the European War, the Guild of the Brave Poor Things was anxious to place its twenty-one years' experience in the teaching and training of limbless and sightless and handicapped soldiers of fate at the service of those who will have to face the gigantic task of helping our wounded soldiers to lives of partial, if not total, independence when this war is over.

If our Guild and its twenty-one years' record helps to bring about this happy result we are well content.

At the Headquarters of the Guild, at the Chapter House of Southwark Cathedral, St. Thomas's Street, London, S. E., and at its various branches there are many old sailors and soldiers. Our experience in teaching handicrafts to these men was of a certain amount of use, but the twelve years' work at the residential schools for cripples at the Heritage Colony has proved beyond shadow of doubt that the crippled are able to compete—and successfully—with the able-bodied in craft work, if properly taught. One visit to our Craft Schools, one glance at the statistics of our ex-Heritage scholars and their earnings is sufficient.

Guild and Heritage supporters, young and old, will not wonder that the inhabitants of the red-roofed Colony at Chailey,

†Founder of the Guild of the Brave Poor Things; the Heritage Schools of Arts and Crafts for Cripples, Chailey; and the Guild of Play.

so picturesquely placed on the wind-swept common—with its hospital equipment, its grip of the whole situation and its military discipline—leapt to the idea of active service, which had its outcome in the establishment of the Princess Louise Military Wards for wounded soldiers—not a convalescent home, but a hospital in miniature; staff, children, servants, all as one in their eagerness to serve, not a penny of school funds touched, no present work hindered or curtailed; just the long pull and the strong pull of each individual effort, supported by the appeals of H. R. H. Princess Louise, Duchess of Argyll, and the Bishop of London, and the generosity of the British public. No salaries, no unnecessary expense, and the result—the joy of service for all.

How the crutches of the boys tapped untiringly up and down, as the joyous orderlies to the wounded men sped hither and thither, helping, explaining, sharing; how the needles of the cripple girls flew in and out, making, mending for the men, and the laundry girls and housewifery all doing their share—'their bit'—in the now historic phrase of Colonel Fenwick. To see the more helpless boys cleaning the wheel chairs of the men, and the whole Colony positively glittering with happiness, on each face shining their Prince's motto, "*I Serve*," has been one long joy and inspiration to all concerned.

The men have forgotten their own loss of limb and pain to a large extent in watching the children, and as far as possible the crippled hosts have helped the crippled guests to wrestle successfully with crutches, or to rise above the swinging empty sleeve. Many a great battle has been lived over again, trenches dug—tactics and positions explained by wounded men to breathless, open-mouthed boys—and the daily saluting of the Flag, and the singing of the National Anthems mean much more now than could otherwise have been the case.

Voluntary teachers, augmented by instructors from the Technical Institutes of the London County Council, have provided the experimental craft classes, on various days of the



ARRIVAL OF A PARTY OF WOUNDED MEN

[HERITAGE CRAFTS SCHOOLS, CHAILEY, SUSSEX, ENGLAND]

AMERICAN JOURNAL OF CARE FOR CRIPPLES
VOLUME II
PLATE XX



I. WOUNDED SOLDIERS OUT OF DOORS
II. SOLDIERS AT WORK WITH CRIPPLED BOYS

[HERITAGE CRAFTS SCHOOLS, CHAILEY, SUSSEX, ENGLAND]



A STORY OF THE TRENCHES

[HERITAGE CRAFTS SCHOOLS, CHAILEY, SUSSEX, ENGLAND]



WOUNDED SOLDIERS AT WORK IN THE LLANGATTOCK WORKSHOPS

[HERITAGE CRAFTS SCHOOLS, CHAILEY, SUSSEX, ENGLAND]

week. Copper work, raffia basket work, rug-making, sign writing, illuminating, sketching, filet lace, leather work, book-binding, have been attempted, and the men have access to the Heritage workshops for woodwork and toy-making on certain days at stated hours. In these workshops the necessary crutches, supports, splints, instruments for the use of the wounded soldiers, are mended and made by the crippled boys, and the necessary washing, mending and sewing for the wards are done by the girls' side of the Colony. Thus everyone, high and low, has had their personal opportunity in actively serving these wounded guests.

It is our wish that each wounded soldier shall be able to say, with Miss Helen Keller, and say truthfully, that "In a thousand ways friends have turned my limitations into beautiful privileges, and enabled me to walk serene and happy in the shadows cast by my depressions."

The military training in time of peace at Chailey has not been in vain. Six old Guild boys are abroad serving with the Colors, four as transport drivers, one in Kitchener's army, and one in the King's Royal Rifles—surely a marvellous record. Let those who dare say that this pioneer combination of a certified craft school, with a properly equipped hospital and nursing staff are not well worth while; expensive, we admit, but not dear, because effective.

There are those who have seen fit to place at this Heritage Colony memorials to loved ones who have passed away, and to those who have given their lives for King and Country, and three revolving shelters have been provided as such. Tablets are being placed in the School Chapel of St. Martin, where many desirable additions are still lacking. There must be many who may feel that memorials placed here in brick and mortar, or permanent dining hall, outdoor dining arrangements, operating theatre, additional equipment, organ, stained glass window, for the use of the soldiers and cripples, or as a legacy to ensure the smooth working of such undertakings as

this will be well placed. To all such one would say unhesitatingly, "Come and see"; for the "Courage to bear and the Courage to dare," as proved in this way, and as taught in these schools, *are* indeed one and the same. From this small Colony in the heart of Sussex have gone forth every one capable, and of the right age, to bear arms on active service, from bench, garden, farm and school, and the list is a very lengthy one of relatives of children now serving with the Colors. Many of its scholars are the children of those who are serving us in air, on the sea or on land, and thanks to the untiring efforts of the executive and the staff, and the generosity of the public, it is ready for further service if the consequences of war demand it.

This brief outline of mere facts will, we trust, be of interest to the general public. The experiment has merely been limited by the support given to it by the public. If funds are forthcoming, the work will be extended on all hands, and it is much to be hoped that unstinted support will be given to the development of this scheme to bring back justice and humanity in the shape of opportunity to work, to those who have been crippled either by accident or in the service of their King and Country.

MEASURES FOR THE CARE OF WAR CRIPPLES IN GERMANY; PLANS FOR ECONOMIC REHABILITATION

DOUGLAS C. MCMURTRIE

New York

A preliminary report regarding the work undertaken in Germany for the care of war cripples was given in the last issue of this JOURNAL.¹ It is possible to present herewith further details regarding the work.²

Coincident with the outbreak of the European war there was inaugurated in Germany an extensive system to provide, surgically and economically, for wounded soldiers crippled in action. During the past decade there had been built up a national organization dealing with the care of cripples—mostly children—in time of peace, and the first reliance was placed on the adaptation of existing agencies to meet the needs of adults in time of war.

Hostilities were declared on August 1, 1914, and on the 13th of the same month the Empress addressed to the president of the German Association for the Care of Cripples (*Deutsche Vereinigung für Krüppelfürsorge*) the following communication:

Her Majesty, the Empress and Queen, expresses the wish that the activity of the German organizations for the care of cripples should not be hampered by the events of the war, but that they should, on the contrary, contribute their share toward the alleviation of present hardships. We should strive to prevent diminution in the scope of work by institutions for cripple-care, and must aid them to extend that

¹*American Journal of Care for Cripples*, ii, 39-40.

²This material is, by permission of the publishers, based on an article which appeared recently in the *Medical Record*. [Douglas C. McMurtrie. Provision for war cripples in Germany. *Medical Record*, New York, 1915, lxxxviii, 184-187.]

work in certain directions. For instance, needy children, who are not at present being cared for, should be received into the institutions in order to relieve their mothers of undue burden.

It also seems desirable that these institutions should undertake the orthopedic care of the wounded, as their entire equipment fits them for such work. Their facilities could also be utilized to restore the wounded to their former industrial or professional status. . . .

The association immediately issued to its members a questionnaire calling for statements as to the number of beds available for the war cripples, and details regarding the equipment and facilities of each institution. In an accompanying communication it was pointed out that each institution would have to meet the situation individually—some would have to crowd their children and discontinue classes, others might find an unoccupied building or barracks which could be used as an annex, still others might place some of their children in the care of neighbors or friends to make more room for soldiers; while, finally, in some cases benevolent friends might enable an institution to erect a special building which would remain useful after the close of the war.

The questionnaires were filled out and copies sent to the military and civil authorities.

The practical organization of measures for the care of war cripples fell to Dr. Konrad Biesalski, secretary of the German Association for the Care of Cripples. In order to establish the methods and principles of the work, Dr. Biesalski made a round of visits to the various institutions throughout the empire, a series of meetings being held at the different places visited. As a result, the following plan was evolved:

The scope of the work falls within two categories, [a] medical care (orthopedic and surgical treatment) and [b] social care (teaching of trades and securing employment).

As regards medical care, in order that the war-invalid may be enabled to resume work, the curative resources of surgical and mechanical orthopedics must be called upon, so that the maxi-

imum of physical recuperation may be achieved. Whenever possible, all fresh transports of wounded soldiers should first be concentrated in a large hospital which should serve as a central bureau for neighboring hospitals. Thence—granting adequate means of transportation—the soldiers, classified according to character of wounds or disabilities, should be transferred to other hospitals, particularly for treatment by specialists.

Experience has shown that a great variety of motor disorders and much subsequent treatment can be prevented if, during the healing of the wounds, the limbs are made to assume natural and reasonable attitudes and simple exercises are prescribed. Another important prophylactic measure is the high development of bandage-technique for purposes of transportation. The cases in the central hospital which will profit from treatment of an orthopedic character should be classified by an expert, and sent to suitable institutions.

When the orthopedic surgeon and specialist in the care of cripples from any district has been called to the front, his release and return must be obtained by the national association. This has been done in many instances. It cannot be questioned that the work of an orthopedic specialist at his civil post is of more value than his services in the field.

The cases for particular consideration are those of wounds which lead to serious motor obstructions through paralysis, the tearing of ligaments, stiffening of joints, and amputations. The best place for such patients is the institution for cripples which has at hand facilities to cope with the medical as well as with the social requirements of each case.

It was the unanimous opinion that these special institutions where soldiers would have to stay for extended periods should be preferably outside of large cities, in which latter it is practically impossible to preserve discipline. It was decided that in any case there should be an officer detailed as military director. It is imperative that the soldiers should not be sent to their families, as at home they would naturally neglect all physical

exercise and, before long, become apathetic and useless. The military authorities must keep the men in an atmosphere of discipline for their own good. Towards the end of the treatment, the soldier may be given a leave of absence to return home for one or two weeks, but he remains a soldier, and as such must return to the hospital in order to be assigned to the work which has meanwhile been secured for him.

From this point on, there comes into prominence the second important feature of the work—social care. The cardinal requirement to success in the field is education of the public to the idea that the cripple is not condemned to perpetual idleness, but that even a badly crippled individual may be taught to work and earn his living. This can best be accomplished by

(a) Continuous propaganda in the daily and technical press, to which end the efforts of writers should be directed in order that the question may be clarified from all possible viewpoints.

(b) Through lectures and visits to institutions for cripples. For illustrated lectures the lantern slides of the German Association for the Care of Cripples are available.

(c) Through advice to and persuasion of the wounded in hospitals, who, immediately upon their reception, should be made to understand that they will be enabled to continue their former occupations. Hospitals can be advised in this connection by the military authorities, and instructive literature can be supplied, as many hospitals are not acquainted with the technique of care for cripples. Medical organizations and the Red Cross can also be instrumental in this work of enlightenment.

(d) By an exhibit demonstrating the principles involved. Also by the preparation of an illustrated pamphlet for broadcast distribution. The workmen's organizations and insurance societies have stated that with the assistance of an illustrated essay of this kind their success would be assured, and they have undertaken to explain its contents to representatives of labor and to distribute it to employers and employees.

Public spirited employers will be glad to offer their former

positions to old employees when they will return to them as cripples from the war. There will also doubtless be a deficit in the labor market after the cessation of hostilities. The largest employer, however, is the state itself, which must set a good example and provide work for those who have become cripples in its service. The railroads have long since adopted the practice of retaining the services of those injured in their employ, and the military organization has done the same. If each branch of the state machinery provides only for its own war-victims, thousands will be taken care of. The state can, however, go farther and, when placing orders with civil concerns impose the condition that a proportion of the laborers employed be war cripples. But all must first be taught that the cripple is able successfully to pursue an occupation.

The cardinal principle remains that the cripple must return to his old place, employment, and occupation, and thus be naturally assimilated by the community. Under no circumstances should the cripples be gathered in large colonies. The attempt has already been made to segregate them in colonies of from forty to fifty families, located near small cities, and provided with workshops. But this plan has been universally condemned as the colonies bear the stamp of the unusual. Occasionally it may prove advisable to place an individual cripple in an already existing colony, but in no case should this be done on a large scale. As soon as the conviction becomes general that the cripple can do work, the laborer, himself enlightened, will find no difficulty in resuming his former occupation. Employers will willingly allow for a period of partial incompetence pending adjustment to the new conditions of work.

It is important that the cripple continue in the same or in a closely related occupation, where his former experience will stand him in good stead. When it becomes imperative that the occupation be changed, the wisest course will be to find in the cripple's home town a teacher (manual laborer, shop manager, restaurant keeper, etc.) who would accept the invalid as an

apprentice, possibly for a compensation to be paid by the military authorities or from private sources.

The establishment of separate workshops is inadvisable, according to the unanimous opinion of all counsellors; the method is expensive, open to the danger of 'crowd suggestion,' and would be hampered by lack of experience in the difficult art of teaching cripples—even more difficult with adults than with children. Furthermore, the 54 German institutions for cripples comprise 221 shops for industrial training, in which 51 male occupations are now being taught. In case of necessity these could be enlarged, and the required experience would there be available.

As to the method by which the appropriate work and position for the individual shall be ascertained, the cripple should first be transported to his home town, not to his family, but to an orthopedic institution in the district. By gradual exchange each institution will thus have an increasing number of cripples from its own locality. While the treatment is still progressing the organization for cripple-care connected with the hospital will find employment, in accordance with the wishes and capacities of the individual. This function should be the duty of a small committee consisting of an orthopedic specialist, a representative of the social care for cripples (minister, teacher, etc.), and a representative of the local labor organization.

In case the attempt to find employment through the city or district labor bureau fails, the next higher labor bureau will be advised, since the larger the section controlled by the bureau the greater is the chance for securing suitable employment.

There is in Germany to-day a network of labor bureaus distributed according to provinces and states and controlled from a central office. Wherever there are gaps the district administration will have to step in. Separate departments for partially incapacitated laborers exist in a few of these labor bureaus. Such departments will now be necessary and may perhaps

become permanent. The establishment of special labor bureaus apart from the existing system is not advisable.

When the individual has secured employment the institution with which he was connected should keep track of him, so as to be in a position to assist him further if necessary.

As previously explained these principles were developed by the German Association and by Dr. Biesalski as a basis for the work. These methods are now being worked out by the individual organizations.

Beginning the middle of last December, there was held in the Reichstag, Berlin, a general exhibit dealing with the care of the wounded—the *Ausstellung für Verwundeten und Krankenfürsorge*—in which there was an important section dealing with provision for war cripples. There was exhibited orthopedic apparatus, and articles and pictures showing what badly crippled individuals can do. This exhibit was later sent to other cities. In connection with it there was held in Berlin on January 13, 1915, a great meeting to discuss '*Kriegskrüppelfürsorge*.' Dr. Biesalski spoke on the principles of the work. Professor Schweining described the arrangements perfected by the army authorities. "The military authorities not only seek to heal but also aim to apply measures to avoid the unfavorable results of wounds; arrangements for this had already been provided in time of peace. In part special sections for orthopedic work were established or contracts were concluded with private institutions. A large number of orthopedists have been secured as consultants for numerous hospitals. For instance, in connection with the GardeKorps, 24 medico-mechanical institutions are at the service of the military authorities. Also, arrangements have been completed with 107 health resorts for the after treatment of the wounded and sick. Artificial limbs and apparatus are procured and renewed by the military authorities. Special institutions have been established for the one-armed and the blind, and others will follow. Advisors with reference to trades are attached to the hospitals

for those who no longer can follow their previous trades or think they cannot. Finally, he spoke of the special pensions, as the field allowance and the increase of pay for mutilation will remain as permanent compensation for those crippled in the war." Kirchner, the ministerial director, also spoke of the general co-operation requisite for success along this line.

An illustrated handbook dealing with the methods and principles of care for war cripples has been issued and is being distributed in large quantities. This booklet contains a directory listing 138 institutions or organizations concerned in work for cripples throughout the country.

It was estimated by Biesalski that the first few months of the war yielded 40,000 wounded whose motor affections were of so serious a character as to warrant their designation as war cripples. With the continuance of the war, and in view of the fact that with each man are involved several members of his family, it is conservative to say that the interests of hundreds of thousands are at stake in the work.

Organizations and individuals have entered enthusiastically on their tasks. The *Kriegskrüppelfürsorge* has now reached such proportions that Dr. Biesalski, having given the movement its impetus, has turned over its further organization to the military authorities. In this way the permanence of the work and its uniformity throughout Germany is secured.

It is interesting to note that in the first 800 wounded soldiers under Dr. Biesalski's care, it was found that with but few exceptions—less than 4 per cent.—all could continue their former employments.

The care of war cripples is being worked out in various cities. The plan in Friburg has been described by Dr. Burkhardt. A central organization has been established under the authority of Dr. Rosin. There are three sections. The first, the economic section, is composed of experts on various trades and on labor conditions. On this committee have been appointed two professors of social science, and a practical jurist. Their duty is to

advise the individual as to the choice of a suitable employment. The second, the educational section, is composed of the presidents of the trades, commerce, and agricultural schools. They are empowered to appoint to teaching positions. The third, the clerical section, is under a competent director.

The practical results of this system are shown in the following cases:

(a) Paperhanger, 24 years. Amputation of left leg. Has good artistic ability and has been placed in trade school, where he is being trained as a decorative artist. His former employer has agreed to re-engage him.

(b) Baker. Left foot crushed. Is being instructed in bookkeeping and commercial arithmetic. Will enter grain dealing trade and manage bakery of a deceased relative.

(c) Farmer, 23 years. Loss of right arm. Is being trained in agricultural science and in writing with his left hand. Will take charge of the business end of the agricultural interests of his brother's farm.

The work is slow and final results will not be forthcoming for a considerable time. But the manner in which the problem is being met is unquestionably sound.

Obligation for information is acknowledged to the various sources listed herewith.

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SHOP FOR CRIPPLES' WORK

One of the greatest difficulties encountered when trying to help cripples is the one concerned with their economic outlook. Special workrooms being provided for the industrial effort made by existing organizations, an outlet must be found for the disposal of their products. This is one of the problems for the solution of which the Federation of Associations for Cripples was organized.

It had been planned, this year, to have a shop for the sale of cripples' work during the entire month of December, so that the general public might become acquainted with the quality and variety of work cripples can do under favorable conditions. However, some of the societies in the Federation, which have hitherto depended on the friends of their institutions for the disposal of their output, are afraid for the present to dispense with their annual sales, exhibitions and fairs, while the new experiment is being tried.

The Crippled Children's East Side Free School will have its Annual Sale at Delmonico's on November 30. The William H. Davis Free Industrial School for Crippled Children has arranged for its Annual Fair and Sale at the Waldorf, on December 6 and 7.

During the week beginning December 13, a sale will be conducted (in some shop to be determined on later) in which the Brearley League Trade Classes for Cripples and the Harlem Day Home and School for Cripples will participate with the two above-mentioned and possibly a number of other cripples' societies. Arrangements are pending now, so it is not possible to give fuller details. It is hoped that all those in or near New York, who are interested in cripples, will visit the 'Shop' and

convince themselves that, given proper training and supervision, these handicapped people can do creditable work. Further particulars may be obtained by addressing the Executive Secretary of the Federation of Associations for Cripples, at 105 East 22nd Street, New York.

CARRIE M. SELIGMANN.

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CONTENTS

Two cases crippled by industrial accidents; a comparison of methods of after-care. GRACE S. HARPER	145
An industrial school for crippled soldiers at Lyons, France. DOUGLAS C. MCMURTRIE	156
Recent activities for the sale of work by cripples. CARRIE M. SELIGMANN	159
The Association of Public School Teachers of Crippled Children. HELEN K. TRAVERS	161
A new southern hospital for crippled children. MICHAEL HOKE	162
Educational work in the Home for Crippled Children, Newark, N. J. LOIS J. EDDOWES	165
A farm for crippled and disabled workers on the Panama Canal. G. D. DESHON	168
The inception and development of an institution for negro crippled children. ELLIOT WHITE	171
Editorial Notes	175
Annual meeting of the Federation.—State provision by Wisconsin.—Dancing at Industrial School.—Educational colony for cripples.—Building for cripples at state institution.—Construction of hospitals.—New building for hospital.—Work of Gustav Werner.—Compensation Act and employment.—Orthopedic department of Pittsburgh hospital.—Compensation amendment in Massachusetts.—Founding of the Peabody Home.—Miscellanea.	
Bibliographical Notes	193
Index	199

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TWO CASES CRIPPLED BY INDUSTRIAL ACCIDENTS; A COMPARISON OF METHODS OF AFTER-CARE

GRACE S. HARPER

Boston, Mass.

A study of the following industrial accident cases brings out sharp contrasts in their social and legal management and presents a challenge of unfairness against the Massachusetts Workingmen's Compensation Law in relation to industrial minors. Some of the conditions under which compensation is enforced and the method of controlling the amounts granted under varying circumstances are here illustrated.

Plans for the vocational future of these boys have involved the added problems of character and education.

Howard (Case A), a 16-year-old boy of American parentage, in October, 1913, was sent for vocational guidance to the King's Chapel Bureau for the Handicapped, Boston. He had caught his hand between the rollers of a press. Efforts to stop the machine were fruitless as the automatic guard was out of order. The hand was amputated as a result of the injury received.

Thus, through the carelessness of some individual in not attending to a defective machine guard, this boy of only 16 years deprived of the most useful member of his body, his right hand, was forced to face the problem of earning a livelihood without any special training.

After a few months of idleness following his injury, he had become restive concerning his future and thus came to the attention of the Bureau for the Handicapped.

My first impressions of him were unusually favorable. He was strong, muscular, of good height, and manly in appearance and bearing. His manner was quiet and his conversation

showed seriousness of purpose. Further knowledge of him through friends and teachers proved him to be a boy of unusual character. They spoke especially of his loyalty and squareness in all dealings in the club to which he belonged.

An acceptance of responsibility towards his family had made him ambitious to get on in the world. His mother and sisters needed him to take the place of a worthless and unprincipled father, from whom, even at this youthful age, he had been called upon to protect them. His grandmother spoke with pride and with sadness of their former hopes that some day Howard should go to the Institute of Technology and study to become a mechanical engineer.

The surgeon who amputated his hand marvelled at his courage as he faced the ordeal and at his consideration for his family. He quoted him as saying, "Of course I know what this will mean to me all my life but if I show it, they will feel badly at home."

Guiseppe (Case B) came from an environment quite different from Howard's. Moreover, he had a weaker inheritance to fall back upon at a time when he specially needed good counsel and guidance from his parents. He was the oldest of five children of an Italian laborer. His father's work was casual, often making it necessary for his mother to go to work in a shoe factory. The home was poor and forlorn. There had been little chance for discipline, though the mother evidently tried to do the best, as she saw it, for her children. Guiseppe was a well built, healthy looking boy when I first saw him. He had just come from the hospital where his hand had been amputated as a result of injury from catching it between the roller and plate of a press. He was neat in his dress and had a pleasant, though not very responsive manner. His character was not strong, neither was it vicious, and as far as could be learned, he had no very bad habits. Not having completed his grammar school course when he went to work, he had tried to make up for this by attending evening school up to the time of his injury. This

may be fairly judged as an indication of ambition at that time.

We had inquired into Guiseppe's case and had learned his rights for compensation, while he was still in the hospital. Finding that he had automatically accepted the provisions of the act and so could not go to law about it, this was explained to him and his parents. But our explanation had not the slightest effect upon their efforts to take the case to court. From one cheap lawyer to another, he and his mother appealed, each lawyer taking up the case only to find that nothing could be done about it. Friends spurred this ignorant mother and boy on to think that large sums of money could be obtained. Some said \$10,000 was the least he should settle for, others remembered a similar case where the injured man had obtained \$18,000 and so on.

Friends offered to start Guiseppe in business when he should get his money. A fruit store, a real estate business, a pool room and other easy money-making schemes were suggested, until the boy and his mother came to believe that a life of luxury and ease was in store for them. Owing to their vacillating and unsympathetic state of mind, almost nothing could be accomplished, almost nothing beyond showing a disinterested friendship for the family. So after a few weeks the case was temporarily dropped.

When, at last, none of the lawyers had been able to help him (as will be seen by an explanation of the terms of the act) the inevitable acceptance of what the law provided came about. The weekly payment of \$4 was arranged for and the mother appealed to the former employer begging him to take back the boy. There was nothing in the factory which he could do without special training, except errands, so as errand boy he was re-employed at \$5 a week. After two months he was discharged for petty lying and 'lack of ambition.'

The Massachusetts Workingmen's Compensation Act provides for the compensation of injuries arising out of and in course of employment.

When the Act became law in 1912, three common law defences were abrogated, viz: assumption of risks, fellow servants' fault and contributory negligence. This means that it shall not constitute a defence on the part of an employer, that an employee assumed the risks incident to the occupation when he entered it. Likewise that injuries resulting from a fellow workman's carelessness or injuries to which the employee's negligence has contributed, unless wilfully so, cannot be defended on these grounds. But employers are still allowed a choice of insuring under the act or retaining common law rights. Likewise the employee can accept compensation as provided for by the act, or have recourse to common law rights.

To protect the masses of ignorant workingmen who stand little or no chance against the experienced counsel secured by industrial concerns, also to eliminate the expenses of litigation, the acceptance of the provisions of the act becomes automatic unless otherwise signified by the employee. When he wishes to retain common law rights an employee must state this to his employer in writing at the time of "contract of hire," *i. e.*, on date of entering on employment. In both cases presented here, the boys came automatically under the provisions of the act, neither of them having foreseen the possibility of accident.

Before he was sent to us for assistance, Howard's case had nevertheless been undertaken by an able lawyer and a suit for \$20,000 had been brought against the firm in whose employ the boy was when the accident occurred. The suit was based on the illegality of a contract entered into by a minor, and denied the validity of the automatic waiving of a contract by a minor who was not in a position by law to make one. But if this defense is declared invalid by the Supreme Court of Massachusetts, the boy has forfeited all right to compensation for the injury since suit deprives him of the automatic compensation payment.

The maximum compensation payable for the loss of a hand was in this case and at this time, \$2200 under the law, but

the probable compensation for a normally healed stump of hand was \$500 to \$1000.

Under the Massachusetts law Guiseppe had received \$200 for the loss of his hand. This represented \$4 a week for a period of 50 weeks. In addition he had been paid \$4 a week during the period of total incapacity which was 50 weeks. When re-employed the amount of compensation had become 50c. a week or 50%¹ of the difference between present and former wages. Therefore at the time of Guiseppe's second application to our Bureau for the Handicapped he was receiving but 50c. a week (as he had lost a job) and had to overcome the deteriorating effects of nearly a year of aimless loafing.

As will be seen by the chart, the cases of the two boys were alike in many respects, namely: age, occupation, wages and the nature of accident, which in both resulted in amputation of the right hand. The automatic inclusion of both under the Compensation Act was another point of likeness.

When Guiseppe returned to us, the two boys were then in the hands of our Bureau ready to be guided in the selection of a vocation, in case means could be found to provide the special training necessary. Guiseppe's employer was an unusual one. He had not only given him an artificial hand but also gave the necessary money for vocational training. Telegraphy was chosen for both boys and they were placed in the same school. At the end of eight months, Howard had made so good a record that he was given employment in a telegraph office at \$8 a week.

Guiseppe had attended the same school fairly well and showed intelligence in his work. But he needed my constant supervision, as he had made poor associates during his idleness and was frequenting a pool room in the neighborhood. In spite of having had the same advantages as Howard, he had not the character to persevere in practice and to acquire the speed necessary for obtaining a position as telegrapher. For the

¹In 1914 this became 66⅔%.

Factors Involved	Case A	Case B
Nationality	American	Italian
Age	16 years	17 years
Education	Graduate of grammar school at 14 years.	Left school in seventh grade at 14 years.
Character	Strong character, very ambitious, courageous, industrious.	Ambitious, selfish, smooth and plausible, petty liar, deceitful in small things.
Accident	Crush of hand, caught between rollers of rubber mixing press.	Crush of hand, caught between roller and plate in printing press.
Result	Amputation of right hand.	Amputation of right hand.
Wages	\$6.00 weekly.	\$6.00 weekly.
Relation to Workingmen's Compensation Act	Automatically included.	Automatically included.
Maximum Compensation payable	Loss of hand, \$200 \$4 weekly, not to exceed 500 weeks, 2000 Total \$2200	Loss of hand, \$200 \$4 weekly, not to exceed 500 weeks, 2000 Total, \$2200
Action taken	<i>Compensation refused.</i> Suit filed for \$20,000 Basis of suit: Illegal for minor to make a contract, therefore cannot waive a contract; so has rights to "common law."	<i>Compensation accepted.</i> At time of discharge as errand boy the full amount of compensation due him was: Loss of hand, \$200.00 \$4 weekly for 50 weeks 200.00 50c. for 250 weeks, 112.62 Total, \$512.62 (Less interest if paid in a lump sum)
Vocational Guidance and Supervision	<i>Special fund raised for training</i> Source: Boy's Club (unknown to boy personally). Reason given: Because of boy's fine character.	<i>Special fund raised for training</i> Source: Former employer. Reason given: Personal gift on account of interest in boy's condition.
Selected Vocation	Telegraphy.	Telegraphy.
Vocational Results	<i>While in training:</i> Intelligence = Excellent Industry = Excellent Faithfulness = Excellent Application = Excellent Length of time to complete course: Seven months. Practice without pay—two months. Present job—night work—\$8 a week.	<i>While in training:</i> Intelligence = Fair Industry = Fair Faithfulness = Variable (Constant need of watching) Application = Poor Length of time to complete course: Nine months.

year spent in idleness had unsettled his mind and had made steady, plodding effort seem an impossibility to him. Such deterioration of character is only what may be expected when a person's handicap is used as a source of interest and pity.

Of interest on this point, was the attitude of Howard's lawyer. He clearly appreciated the significant loss to a boy's character that is bound to come through enforced and aimless idleness; he desired to assist in preventing any such loss. He felt the urgent need to have him employed and learning a trade preparatory to self-support, even at the risk of losing his case if the boy were self-supporting at the time of trial and therefore not as much an object of pity as is often presented to a judge.

It is too soon to say that Guiseppe's opportunity has been wasted, even though at the present time he is not keeping up the practice requisite for acquiring speed. When business conditions improve and more telegraphers are needed, he may find the incentive to work which he seems to lack at the present time. But suppose he does not. Who can say what success he might have shown had he been placed in the school *immediately* after the injury and before the attitude of his family and friends had had a hand in his undoing? It takes most unusual courage to settle down to an uninteresting régime after being in the limelight of attention from one's neighbors, from friends, and even from strangers. Petting and sympathy are so unsparingly lavished on the victim of an accident, that his habit of mind becomes fixed, with an assumption of the right to support from others as its logical conclusion.

It may be argued that Howard had such character that he would have succeeded under any circumstances. I doubt this. If no means had been found to secure special training for him, he would in all probability have been forced to return to some unsatisfactory kind of work in order to help out with the family expenses. What hope and ambition for the future can there be in such a position as is open to a young boy who has

lost his right hand? How many years might there be ahead of him before he could learn bookkeeping, for instance, with his left hand, and in the short sessions of an evening school? Many a boy of strong character has lost his grip through an accident which shattered his dreams of success and substituted a reality of long, weary hours of left handed labor before he could hope to advance.

Special provision for vocational training should be made for minors who become crippled as the result of injury. This training should follow immediately after recovery from accident or crippling disease. The masses of chronic idle will be increased if the maimed are forced to rely on such casual and unskilled jobs as may be available. And when an injured employee does return to an unskilled job or even to his former occupation, another danger must be recognized when judging his suitability, physical and mental, for performing such work. As was seen in the case of Guisepe, when taken back by his former employer and paid \$5 a week, his rate of compensation through the State law, was reduced to 50c. weekly. Later he was discharged, a result which might have been foretold. Petty lying on two occasions, and lack of ambition were the causes of his being considered undesirable. He had then foregone his right to more than 50c. weekly compensation.

Who is responsible for a lack of industrial ambition on the part of a boy placed in a job leading nowhere? When he was employed after his accident, nothing was known of his character as shown in his previous employment. Nothing had been asked, because he had the physical requirements for feeding a press. Could his petty lying affect his press work? Presumably not. Look at the pity of it all from this standpoint. Here was a boy who had an industrial value in spite of his faults, while he was physically whole. He was then tried under a physical handicap in a position requiring qualifications which he did not possess and which no one took the trouble to find out about. It was obviously unfair to him, and this his employer afterwards

appreciated. So much for the story—as it relates to character and vocational guidance.

Now consider its financial and political side. Having held a job stands to the insurance companies as evidence of ability to work and therefore re-instatement of the former rate of compensation is not obligatory on their part. This ruling left the boy with the munificent sum of \$510 as compensation for the loss of a right hand, not to mention the mental suffering involved. The loss of the hand is represented by \$200, this being \$4 a week for 50 weeks. Added to this he received \$4 a week for the 50 weeks before re-entering employment, making \$400. Fifty cents a week for the remaining 250 weeks (300 weeks being the limit for partial incapacity payments at that time)³ less interest if paid in a lump sum, brought the total to \$510. Financially he was worse off for having tried to resume work for which he was unsuited.

All injured persons who make an honest effort to return to work for which they afterwards find themselves unfitted are apt to fall into the same plight. What more obvious result than that those with the best of intentions will be reluctant to undertake work which, if unsuitable, will leave them with a financial loss. But if they do not work they degenerate. Therefore they should be allowed time to prepare for suitable work whenever possible.

Another point which may be mentioned here is the injustice of giving equal compensation for the loss of a hand or a foot. From a point of view of incapacity there is no comparison between the two. An artificial foot can be manipulated with great facility and ease, and is less of a hindrance to normal exercise than is often supposed. Furthermore it does not present any evidence of its maimed condition to the casual observer. But the loss of a hand, especially the right, not only incapacitates one for any but special employment, but also draws attention to a maimed condition, about which many persons are extremely

³This has now been extended to 500 weeks.

sensitive. An empty sleeve creates an uncomfortable pity in most people, and an artificial hand produces an uncanny feeling in others. Thus the pity of some, the squeamishness of others, are alike prejudicial to the victims of any accident whose effect cannot be concealed.

I should like to draw attention to one other point: that the potential values of minors should in some way be taken into account when rates of compensation are being adjudged.

During the early working years, a boy who is apprenticed to a trade with the hope of becoming an expert, skilled workman in that trade, starts at a very low wage. His pay is lower by far than that which is given in many unskilled jobs to a boy of the same age, but in which there is no opportunity for advance.

A boy who has the making of a master printer in him, receives the same compensation if injured, as the one who started as a lumpner and may always remain an unskilled laborer. By the time he is 21 years old this potential printer is earning a much fairer wage as a basis of estimated worth, than he was earlier, and the unskilled man is in the same position as before.

An adjustment in this relation might be based on a recognition of training for skilled work in which the minor might reasonably anticipate a future, as against an unskilled job presenting no possibilities for advance.

To bring about a fair adjustment in the compensating of minors, the factors just mentioned should be given serious consideration.

To sum up the points referred to in these cases:

1. A period of enforced idleness after injury almost inevitably results in a loss to character which may result in chronic dependence.
2. This should be obviated by provision for vocational training as soon as is possible after a crippling injury.

3. The potential value of minors should be given consideration in the provision for compensation.
4. The amount of compensation for the loss of a hand should exceed that for the loss of a foot, in proportion to the difference in resulting incapacity.

AN INDUSTRIAL SCHOOL FOR CRIPPLED SOLDIERS AT LYONS, FRANCE

DOUGLAS C. MCMURTRIE

New York

One of the first efforts to provide industrial re-education for war cripples resulted in the opening of a school at Lyons, France, to which three maimed pupils were admitted on December 15, 1914. Since that time, the institution has grown to very considerable proportions.

A school and workshop were established on municipal property, by Senator Herriot, mayor of Lyons, acting in collaboration with Dr. Carle. A description of the work of *l'Ecole lyonnaise d'enseignement professionnel pour les blessés de la guerre* is given¹ by M. Mosny who visited it in March, 1915.

All of the soldiers in the school come to it from the convalescent depots. Admission is not indiscriminate. There are received only those who, after having made application, are considered to be physically and intellectually capable of re-adaptation to useful work, and who evidence a real desire for industrial re-education.

Before being received in the school an eight-day leave of absence spent with their families enables the men to take such counsel and advice as will enable them to enter most wisely upon their course, and to choose, after mature consideration, the trade most in conformity with their tastes. Further than this, each pupil is privileged, during the course of his industrial training to abandon the trade originally chosen, and to take up another for which he may have developed a preference.

¹E. Mosny. La rééducation professionnelle et la réadaptation au travail des estropiés et des mutilés de la guerre. *Bulletin de l'Académie de Médecine*, Paris, 1915, 3. sér., lxxiii, 458-472.

Although the cripples have free choice of trades, they are advised to enter upon only such as are compatible with their physical handicap.

Various trades are taught, but in their selection preference has been given to those which at the same time are remunerative yet do not require too extended an apprenticeship.

The workshops for bookbinding, cobbling and carpentry seem to be about equally well patronized. A school of accountancy, with a course in stenography and typewriting, numbers twenty-four pupils.

The former occupation of the wounded pupils does not appear to exercise the slightest influence on the choice of their new trade. Farmers, vineyard-workers, and masons work as tailors, carpenters, and shoemakers. The commercial course is successfully pursued by stone masons, butchers, miners, tool-dressers, grocers, modellers, plumbers, and cabinetmakers.

One of the cardinal principles of the Lyons school is that results must be thorough. No effort is spared to turn out capable workmen, and to this end the most competent teachers available have been engaged. The trade courses are supplemented also by suitable intellectual training.

M. Herriot realized that some of the pupils, when they left the school after having taken their diplomas, would seek to start out for themselves, and advocated the creation of a fund to set them up in business. In all cases, it is understood that the school will secure positions for its pupils upon completion of their training, so that they shall not lack employment.

It is quite remarkable that the question of prothesis has taken only a secondary position in the organization and operation of this school, especially as concerns the upper members. The pupil works with his stump and chooses the prosthetic apparatus only when experience shows him that it will be more useful and better appropriate for the trade which he is learning.

There exists in the school at Lyons an intimacy and confidence between the masters and pupils, comparable in all respects to

that which, at the front, exists between soldiers and officers, the pupils listening to the advice and instructions of their masters as soldiers obey the orders of their chiefs. This is considered the best guarantee of the success of the work undertaken by M. Herriot. It was also observed that this intimacy between the pupils and their masters did not interfere in the least with the discipline and order of the school.

As to internal organization, the system is that of a boarding school, which was chosen as decidedly preferable to a non-residential institution. The plan meets with hearty acceptance even by the families of the men. Ten of the sixty-six boarding pupils are married. Sixty-four have families at home. All the pupils, whether graded or not, are treated on a basis of absolute equality.

The daily schedule is as follows: Rise at 7 a. m., retire at 9 p. m. Work from 8 a. m. until noon, and from 2 p. m. until 6. Meal hours are at 7.30 a. m., noon, and 6 o'clock. There is a recreation period after meals, spent in the assembly hall or in a garden of considerable size, where is provided apparatus for bowling and other games, intended to distract the pupils and to give their limbs the greatest possible suppleness and agility.

The meals are served in a common dining room. The pupils are housed in two dormitories of 30 beds each, and several individual rooms. Soon the school will have three dormitories with 28 beds each.

The success of the work is such that Dr. Carle has received 292 applications for admission to the rural school of horticulture which is in course of organization, and which can receive 120 pupils only.

RECENT ACTIVITIES FOR THE SALE OF WORK BY CRIPPLES

CARRIE M. SELIGMANN

New York

A continuous effort is being made to promote industrial efficiency among cripples and to find an outlet for the products thereof.

A Cripples' Holiday Shop, under the auspices of during the ation of Associations for Cripples was conducted, the Feder-week beginning December 13, 1915, at 734 Fifth Avenue, the premises having been lent free of charge for the purpose.

It was participated in by the Brearley League Trade Classes for Cripples, the Crippled Children's East Side Free School, the Harlem Day Home and School for Cripples, the William H. Davis Free Industrial School for Cripples and a few individual cripples. The Shut-in Society's New York State Branch sent a display in a small show-case, but would-be purchasers were referred to the shop maintained by that organization.

Two objects were attained beside the sale of the goods displayed. One was the wider dissemination of knowledge that cripples can be trained to do fine work; the second was the placing of orders that will enable the Directors of the various workrooms to keep their charges employed for some time to come. It is estimated that gross sales and orders amounted to \$3,560. Unfortunately the weather conditions that prevailed during the week that the sale was in progress were most unfavorable, otherwise an even better report might have been made. The organizers of the shop are convinced that orders can always be secured for their workrooms, when such a creditable display is made, but they are not yet prepared to maintain the shop on a

permanent basis, as it could not be made self-supporting. The receipts from the week's business are just sufficient to pay for the materials and the work, all overhead charges being defrayed by the organizations. In this case, they were comparatively low, as in addition to the use, rent-free, of the shop itself, the show-cases, display fixtures, and furniture were lent. The only expenses incurred were for insurance, electric light, telephone and cleaning services.

The goods displayed consisted of household linens, initial and other embroideries, various kinds of fancy work, jewelry, and fancy paper boxes.

The William H. Davis Free Industrial School for Cripples had a most successful Bazaar, for two days, early in December at the Waldorf-Astoria. Mrs. Arthur E. Fish, President of the School, reported that the results were eminently satisfactory and that the work of the pupils was greatly admired.

The Annual Exhibition and Sale of the Crippled Children's East Side Free School, held on November 30, 1915, at Delmonico's was a gratifying success. Sales and orders amounted to over \$4,000 and will provide work for the adult cripples employed in the workrooms until the spring.

THE ASSOCIATION OF PUBLIC SCHOOL TEACHERS OF CRIPPLED CHILDREN

HELEN K. TRAVERS

New York

Ten years ago, the Board of Education of New York City took under its supervision the classes for crippled children which had previously been supported by private philanthropy. Teachers from the elementary schools were asked to volunteer for this work. As there was no precedent to follow, these teachers often found themselves confronted by problems which they had neither the technical knowledge nor the experience to solve, and they sought to overcome these difficulties by forming, in November 1908, the Association of Public School Teachers of Crippled Children of the City of New York.

This Association has as its objects

1. To arouse a greater interest in the welfare of the crippled child in the public schools of New York City.
2. To further the teachers' investigations in the physical condition of the crippled child.

Under the auspices of this Association, Dr. Thomas Wood of Teachers College gave a course of lectures on 'The Hygiene of Instruction and the Physical Development of the Crippled Child' to the teachers of crippled children.

Eminent orthopedic surgeons have addressed the meetings of this association, co-operating with the teachers in their desire to do their best for the crippled children in the classes in the public schools.

A NEW SOUTHERN HOSPITAL FOR CRIPPLED CHILDREN¹

MICHAEL HOKE, M.D.

Atlanta, Ga.

A new hospital for crippled children, located in the suburbs of Atlanta, Georgia, and the first institution of its kind in the Southern States, was opened on September 15, 1915. It is known as the Scottish Rite Convalescent Home for Crippled Children; its address is Route 3, Decatur, Ga.

This little institution is a charity hospital and was founded in an attempt to solve the problem of caring for the indigent crippled child of Georgia and the surrounding states.

A start was made for the first year with only twenty beds, but between the date of opening and the latter part of January, 1916, about 85 patients were handled in the hospital and the city clinic.

The problem to be solved is this. There are very few large cities in the south. It is necessary, of course, that this sort of work be done in some centre. It is impossible for a man to make a living in orthopedic surgery in the smaller towns of the southern states. It is impossible for the necessary organization to be built up in the smaller towns. A little lame child, from the humbler walks of life, needs the same force of people as does the child of the well-to-do in order to accomplish all that can be accomplished. In the last fifteen years I have built up such an organization here in Atlanta.

Now, if a man has appendicitis and he is not able to get to a very able surgeon, he can have the job fairly well done by a

¹ This graphic account of the establishment of a new institution cannot fail to interest the readers of this JOURNAL. The present text was written not as an article but as an informal letter to the Editor.

reasonably competent man in a town of twelve or fifteen thousand inhabitants. A crippled child is 'up against it' in a town of that size. As you know, the population in the south is largely devoted to agriculture. There are thousands and thousands of poor farmers, 'croppers', tenants on large plantations, as well as workers in the cotton factories, whose children develop the same sort of orthopedic problems as one sees in the large hospitals of the East. These little patients have had no show in the past and what we are trying to do is to create an opportunity for them. In the last fifteen years I have tried all sorts of ways to start this hospital. Finally, Mr. Forrest Adair, a prominent citizen of this city, became interested in the matter. He is a very prominent Mason and Shriner. He came to me stating that the Scottish Rite Masons had decided to do with their money some good for humanity. Previous to this time, an organization of ladies in the city of Atlanta had become interested in the problem. These two bodies of workers got together, organized and started this hospital. The Scottish Rite Masons have set aside a definite sum of money yearly to be devoted to the maintenance and development of the institution.

The Board of Directors is composed of four Scottish Rite Masons, two ladies elected by the Woman's Auxiliary, and the President of the Board of Directors, Mr. Glenn, belongs to neither organization. In this way we have the interest of the Masonic order, of the women, and of the public at large. The present writer is chief of the orthopedic surgical staff, and has as assistants Dr. O. L. Miller, Dr. E. Victor Keller and Dr. Hugh Battey. The other members of the staff are: Physical Director, Dr. Theodore Toepel; Ear, Eye, Nose and Throat, Dr. W. E. Campbell and Dr. Newton Craig; General Surgery, Dr. Floyd W. McRae and Dr. Frank Boland; Diseases of Children, Dr. L. B. Clarke and Dr. George K. Varden; Dentistry, Dr. M. R. Turner, Dr. Claud N. Hughes, and Dr. S. L. Silverman. The Board of Directors is composed of the following: President, Thomas K. Glenn; Vice-president, Forrest Adair;

Secretary, Mrs W. C. Wardlaw; Treasurer, J. C. Greenfield; Mrs. J. H. Hilsman; Rabbi David Marx; and John Gilmore.

The hospital is situated in the suburbs of Atlanta, and is really only a convalescent hospital, that is to say, the patients are operated upon in the city hospitals and after a few days are carried out to the country hospital.

This little institution fills a long needed want. Those who are behind it are thoroughly in earnest, devoted in their service to it and sincerely and profoundly interested in the problem. I believe it will amount to a big thing eventually.

My own idea of the future service of this institution is as follows. In time—perhaps in the next two or three years—there will be built here a model institution of such capacity as we may have money to take care of. Patients—that is, charity patients—will be taken care of free of charge, not only from this state but from any of the surrounding southern states. I hope in time the influence of this institution will radiate to the surrounding states, that others becoming interested in the problem of the crippled child will be stimulated to found and support institutions to take care of this problem.

EDUCATIONAL WORK IN THE HOME FOR CRIPPLED CHILDREN, NEWARK, N. J.

LOIS J. EDDOWES
Newark, N. J.

The work of the Class for Crippled Children was started July 7, 1913, in the Home for Crippled Children, Park and Clifton Avenues, Newark, N. J. It is an all-year-round school because the children need the help even more in the heat of summer than in wintertime.

The work is almost entirely individual as only four of the children are out of bed all the time. Others are up as their condition permits. About half of the children come to the hospital for treatment or operations and some remain only two or three months.

At 9 a. m. the children who can be taken out of bed are brought down to the schoolroom where they remain until 11.45. Of course at times a child cannot stand this long session and has to be taken back to bed before the noon-hour comes. Each child works by himself because even those who start together progress at such different rates that one would hinder the other. In the afternoon the teacher goes to the children in the wards. Here she teaches, going from bed to bed for the remainder of the school day.

Of course there are some children who are too ill and could not spare the strength to be taught even elementary subjects. There are others who cannot be taught on certain days, or who can only have a very little at times—depending on their physical condition. It means constant watchfulness on the part of the teacher to effect help rather than hindrance. Most of them are very sick children, many running high temperatures constantly.

They are very easily excited, super-sensitive to affection and sympathy—or unkindness—and require the most careful handling.

In order to get any work from these sick children their mental condition must be thoroughly happy. They need life, joy and sunshine from the outside world to buoy them up. The teacher's idea is never, if possible, to let them know she notices they are different from other children. They apparently stand shoulder to shoulder with her in life, as big strapping boys and girls, not as suffering little children. They never talk of the things they cannot do—always of the things they *can* do. They must know of course that she feels for their suffering, but a pressure of the hand, the tone of voice or a word tells that, while the message she brings must always be bright and hopeful.

But after she has aroused the child's interest and created a proper mental atmosphere, her watchfulness must be unceasing. The child will never admit he is tired until he is so ill he goes all to pieces. The teacher has explained to them that all children, and grown-ups too, get tired; that it is perfectly right and proper they should. But still she cannot depend on them to tell her when they are. She must watch carefully so that over-work will not raise the temperature still higher and make the pulse unsteady. She also tries as far as possible to go to each child when he seems most anxious for work. Under these circumstances the children have an opportunity to really do their best.

The children heartily enjoy their work. Everything is made as concrete as possible. Arithmetic was started off by buying neckties for all the boys in the hospital. Then we bought hospital beds and chairs, meats, vegetables and groceries, shoes, suits, dresses, hats and coats, automobiles and tires.

Just as soon as a child has learned a few words he wants to "teach somebody else." All the more advanced children give the 'extra' lessons for the teacher. When little Stina first wanted to 'teach,' none of the children in the classroom that

day would be taught by her because she was the youngest and smallest one; so she finally came to the teacher and in a pleading tone, said, "Please, don't *you* need a lesson?" Of course she did. This 'teaching' they do helps them more than all the 'learning' in the world.

Naturally, many children only stay long enough to get a good start. This is sometimes very discouraging.

For manual training they do a little woodwork, paper-work, drawing and water-color work, and sewing, but more embroidery than anything else. This seems easiest for them—especially the ones in bed, boys and girls alike—it is attractive to work on and can be used as a gift when finished.

The progress right through the hospital, with the small amount of time it is possible to give to each individual—when dealing with an average of twenty-two children—has been remarkable. In a year and a half some of the children have made up two, three and four years of work. This is the result of presenting the work to each child at the proper time and in the form individually most attractive, so that it means recreation as well as work.

A FARM FOR CRIPPLED AND DISABLED WORKERS ON THE PANAMA CANAL

G. D. DESHON, M.D.

Superintendent, Ancon Hospital, Ancon, C. Z.

Corozal Farm was established for the benefit of crippled, chronically ill, and insane employees of the Panama Canal. It was felt that those employees who had lost health or limb in the service of the Canal had a moral claim against it. This obligation was recognized by Congress in the Sundry Civil Act of June 23, 1913, which authorizes the Canal to care for indigent persons permanently disabled in line of duty. There were about 300 insane and 100 permanently disabled, a total of four hundred persons wholly dependent on the Canal, for whose benefit it seemed desirable to establish a farm, where the insane could have the advantage of occupational treatment and the cripples could perform light work in connection with the farm and dairy.

Seven hundred and fifteen acres of land were set aside by the Canal Commission for this purpose. This land is at Corozal, three miles from Panama City, and extends from the Canal northward for 1,700 yards. The Panama Railroad crosses the tract about 300 yards from the Corozal station.

Two barracks, and two buildings suitable for families (which had been occupied by laborers on the Canal), were turned over for farm use. A practical farmer, an American, was appointed Farm Superintendent, and the Farm formally established in February, 1913, with thirty-five laborers and six cripples. These 35 laborers, able-bodied men, were used for about a month breaking ground, and so forth, when their number was reduced to ten and after three months, to one, who is continued at present.

The number of cripples has gradually increased until now there are fifty, nine of whom are white Spaniards and the rest West Indian blacks. In April, 1914, fifteen insane were sent to the Farm. Their number was gradually increased until at the end of three months there were forty, in care of one white attendant and three black attendants. The insane are all West Indian blacks.

It having recently become necessary to utilize for other purposes the site occupied by the wards for the insane of the Ancon Hospital, new buildings have been erected for their accommodation on the Corozal Farm. On March 14, 1915, the remainder of the male insane were moved to the Farm, the total number of the insane now there being 151. It is planned to move the female insane out to the Farm soon. They number about one hundred.

At that time it is proposed to change the official name of the Farm to 'Corozal Hospital for Insane and Disabled.' Its inmates will comprise about 250 insane and about 50 disabled.

Since the establishment of the Farm, there have been set out the following native fruits: 1000 plantains, 6500 pineapples, 2500 bananas, 375 alligator pears, and 800 papaya trees.

A garden of about three acres has been maintained which produces tomatoes, beans, lettuce, peppers, radish, spinach and so forth. A total of twenty-five acres is now under cultivation.

The nursery and garden have not been in operation long enough to predict the ultimate financial results. New problems in soil, rainfall, drainage and sun-exposure have been encountered that differ greatly from conditions in the United States. Thus far the monthly expenditures (not counting building operations) have been more than double the receipts.

In February, 1915, a group of concrete buildings consisting of a barn for 100 cows, a dairy-house and a barn for 20 hogs was completed, and also a frame chicken-house for 500 poultry. These buildings have since been occupied and revenue is beginning to be received from this source.

The herd now consists of sixty-seven cows, a mixture of Jersey, Holstein and Brown Swiss. Their milk yield averages one gallon per day per head. Thirty high grade young Jersey cows and two young registered Jersey bulls are now being purchased in Louisiana and are expected to arrive here next month. The cost of milk production here is about 11 cents per quart and the selling price is 20 cents, so that we hope to develop a comfortable profit from this source.

The Farm has about one thousand hens which yield about 200 eggs per day. Eggs sell at sixty cents per dozen and hens at \$1.50 each. It is proposed to weed out the old hens and improve the strain with a view to increasing the egg output, but neither hens nor cows produce in the Tropics the yield we are accustomed to expect in the States.

The piggery has been the most profitable feature of the Farm thus far and we are planning to extend its operations in the expectation of making a sufficient profit to support at least the fifty disabled inmates. At present we have a drove of one hundred hogs. These animals thrive here and sell readily at a good price. Hog cholera is common and as the native farmers do not inoculate their swine and we do, we have a monopoly of the pork market.

Most of the crippled at the Farm have lost one or more of their limbs and are unable to do heavy work. They can milk, herd the cattle and pigs, care for the chickens and do light gardening. The insane can be utilized for Farm labor only during their periods of mental repose and as these periods vary greatly, it is impossible to count upon them for tasks requiring continued effort. In addition to these drawbacks, the natural idleness of the black race and the enervating effect of the climate combine to make the labor problem at this Farm more difficult than at a similar institution in the United States.

THE INCEPTION AND DEVELOPMENT OF AN INSTITUTION FOR NEGRO CRIPPLED CHILDREN

ELLIOT WHITE

Philadelphia, Pa.

An account of the House of Saint Michael and All Angels may well begin with an extract from the note book of Sister Sarah, to whose zeal and devotion this Home for Colored Cripple Children owes its foundation:

Having learned this evening of a destitute crippled negro child in the lower part of the city, I at once set out to minister to it. After difficulty in locating the house to which I had been directed, I found it to be occupied by several families. Ascending rickety stairs, and through a narrow, dark, musty passage, I entered a small, dark room entirely destitute of furniture. The atmosphere was sickening. On rags in one corner of this closet (it might be called) a boy of about nine lay on the floor. Beside him was a piece of stale bread and a tin cup with some water. I spoke, but received no reply. I knelt by his side, taking his crooked fingers in my hand, but they were cold and stiff. I passed my fingers over his forehead, and through his crisp hair, but he felt it not. The angel of death had borne the spirit of this weary child from a world in which he had known nothing but sorrow, pain and want. The angels rejoice over the recovery of one penitent sinner. Do they weep over the victims of cruelty and wrong?

Cases like this—for this was not the only one of its kind—led to the establishment of the House of Saint Michael and All Angels. There was the more special need for a home devoted to the care of cripples of African descent, because they were debarred by reason of their color from some of the charitable institutions of Philadelphia qualified to help them.

Work was begun by Sister Sarah (Kirke), with the help of

Mrs. Helen Loyd. A small house, No. 4012 Ludlow Street, West Philadelphia, was rented and opened in August, 1886. The name, 'House of Saint Michael and All Angels,' was suggested by a friend, in remembrance of the passage in the Psalm, "He shall give His angels charge over thee." Sixty dollars was secured for the rent. There was but little furniture. The kitchen was provided with a small oil stove, with some tomato cans to cook in. A kitchen table was made of boards resting on barrels. The first inmates were a boy who had lost both feet from exposure to cold, and two little minstrels sent from the almshouse. Food was begged from the markets and groceries. In October, it is noted, the house was enriched by the gift of 'a pot and a tea kettle' and in November 'two table cloths, cups and three plates' were received.

The Sister was an earnest believer in prayer, and signal answer to her petitions occurred the Christmas after the Home opened:

As the first Christmas approached it seemed as if man had forgotten us, although a few small gifts came, but food was lacking; in fact, the first stage of starvation seemed approaching. Supper time of Christmas Eve had come; not a crust, while many have bread to spare. In the twilight the children were sent into the yard to play. Soon they returned, seeking their evening meal. Nothing: but, equal to the emergency, the Sister provided amusements to engage their attention. This continued till late evening, when suddenly a vehicle stopped at the door. A loud knocking ensued, doubtless with the supposition that all had retired and were asleep. The prayer of faith had been answered; for before the door stood an express wagon fully loaded, *all* for our house; everything and indeed more, supplies of every kind that lasted for weeks, besides the things to make the great Festival a joyous one in the eyes of the children, such as they had never before known.¹

Work of such heroic self-sacrifice was bound to rally friends to its support. A check for a thousand dollars was received and set aside as the nucleus of a fund for a permanent building. The

¹ The writer of this sketch is indebted for the above quotations to *The Life of One of God's Saints*, by Rev. H. B. Wright, Rector of St. Asaph's, Bala, Pa.

Guild of Saint Michael and All Angels was organized. A small paper called the *Cripple News* was published monthly and widely circulated. Friends were raised up in these and other ways. The following anecdote will show how interest grew from small beginnings: Miss Cora Roberts visited the Home with her class of Sunday school scholars. When about to leave she asked what she and her class could do, and was informed that an additional crib was greatly needed. This was furnished immediately. Some weeks after, this lady with her class returned and was much pleased to see the bed occupied by an interesting little cripple boy. It was proposed that the bed be endowed. Miss Roberts bravely set to work and had raised almost enough money when death called her. Friends made up the deficiency, and the cot now bears her name.

The small house on Ludlow Street was soon filled to its utmost capacity. One evening a boy appeared, asking to be taken into the Home. His clothing was thin and ragged; he had hobbled on a crutch from South Street, several miles away. His mother, he said, was dead, and the woman with whom he had been staying would keep him no longer. The house was then overflowing and he could not be received. With tears streaming down his cheeks, the boy turned away. His body was taken the next morning from the river.

The need of larger quarters was manifest. The case of the boy excited widespread sympathy. The Guild attacked the problem with great energy, and in less than a year sufficient money was added to the original gift of one thousand dollars to justify the purchase of a commodious house on North 43d Street, near Haverford Avenue. Children now began to be sent from all over the country, many of the cases being full of interest. One, a little girl, whose legs had become crooked and stiff from having for nearly two years been tied daily in a chair to be safe and out of the way while her mother toiled at the washtub. Another child was ticketed and expressed from Georgia. Another, paralyzed and helpless, was sent in a basket from Hagers-

town, Md., with a bottle of milk to feed it on the way. Two girls and a boy came from Mrs. Buford's Hospital in Virginia. One of the girls was blind. She was treated at the Wills Hospital and her sight restored. The other, seventeen years old, was a great sufferer from bone disease. The boy had club feet. He was treated successfully and returned home without crutches. He afterward married and prospered to the extent of being able to purchase a house and ten acres of land. One child was left on the doorstep, covered with sores and quite helpless.

Again more room was called for. The house adjoining was purchased, and more land, which furnished an admirable playground.

A very generous benefactor of the work was Mrs. Pauline E. Henry. A copy of the *Cripple News* fell into her hands; she read, became interested, and visited the Home. The small chapel fitted up in the house was not at all adequate, and she offered to erect a suitable one on part of the property. This was done in 1889. The Mission Chapel of Saint Michael and All Angels fronts on Wallace Street. The building, designed by Mr. William Masters Camac, is of great beauty and was furnished completely by the donor. It was erected in loving memory of Mrs. Henry's adopted daughter, Margaret Connor, and its use limited to colored cripple children and as a mission church for colored people. Its seats must be kept free. Mrs. Henry died in May, 1905, leaving in her will bequests for the keeping of the property in repair, and also a fund to augment the salary of the chaplain or priest in charge. Thus the Home ministers not only to the children within it, but also to the colored people in the neighborhood.

Upon the retirement of Sister Sarah the management of the Home was given over, after a brief interval, to the Sisterhood of Saint Margaret, an order of Sisters in the Episcopal Church, founded in England in 1855 by Dr. J. M. Neale, the noted hymn writer, and the American branch established in Boston in 1873. Three Sisters are assigned to this work.

EDITORIAL NOTES

ANNUAL MEETING OF THE FEDERATION

The annual meeting of the Federation of Associations for Cripples was held on the afternoon of Thursday, December 9, 1915, in the assembly hall of the United Charities Building. The president, Mrs. George F. Shrady, made the following report.

Time slips by so rapidly in our busy lives that it seems difficult to realize that the Federation is about completing its third year. None of those who were responsible for the original ideas of federation had any conception of the many fields of work such an organization would be obliged to enter. The leading thought in the beginning was for a clearing house of information and while this idea has never been neglected, so many other avenues of work have opened up that to-day we find the Federation's activities limited only by the number of those who can afford to give time and strength to the various matters in which we are now engaged. The Federation's rapid growth is mainly due to the fact that each member of the Board of Directors is a trained worker in the special field represented by his or her association. They bring the ripest experience to the consideration of any question laid before them and, to a presiding officer, who is of necessity neutral, it is both interesting and satisfactory to observe the spirit of generous co-operation existing in our governing board. Three years ago there were many doubting Thomases among the most important Associations, but to-day they are with us, even if it did take a little time to acquaint them with the benefits of federation.

What has been done so far is pioneer work. We have learned what to avoid and what to develop. For instance, it was considered desirable by some of the Board to make a census of the cripples in Greater New York. It soon became evident that data of this kind would need such constant revision to make it reliable, that it was decided to keep on file in our office merely a card registration of every person whose

name is supplied by the various agencies co-operating with the Federation. On this list we now have about 1700 names.

There are also the investigation and placing of the cases which come to our office for employment and advice. It would take at least three secretaries to handle this matter in anything like a satisfactory manner, so you will readily understand how our one Executive Secretary has been obliged to give time to this work to the exclusion of necessary office work. This has demonstrated that a separate association should be formed to provide for the employment of cripples or else a bureau established in the C.O.S. or the A.I.C.P., said bureau or agency to be a member of the Federation. In the same way the foundation of a separate agency for fresh air work among cripples seems to be called for, said agency also to be a member of the Federation. The passing mention of both these items does not begin to convey the urgency in both these directions and I trust that steps will soon be taken to cover the employment and fresh air fields. So far the Federation has not issued a printed annual report. In the face of more needful expenditures, it has seemed unwise to incur the expense for this item, but it should not longer be deferred, as daily requests from all parts of the United States are received for the Federation reports, and in the matter of raising funds it is most necessary to produce a printed yearly statement.

Our Legislative Committee did not meet with much success in getting an amendment to the Workmen's Compensation Law, allowing cripples to refuse compensation in case of injury. The wrangle created by the politicians, insurance companies, and others lasted so long that at the ninth hour it was considered unwise to jeopardize the passing of the Kelly Bill by adding an amendment for the benefit of cripples.

By far the most important event of our year is the opening of the Cripples' Holiday Shop on Monday next, December 13, to run one week at 734 Fifth Avenue, near 57th Street. The Harlem Day Home and School, the Crippled Children's East Side Free School, the Brearley League Trade Classes for Cripples, the William H. Davis Free Industrial School, and the Shut-In Society are combining under the auspices of the Federation to sell jewelry, carved wood, needlework, and a variety of useful and fancy household articles made by the cripples of Greater New York City. Preparations for this event

have been in progress for nearly a year under the management of the Shop Committee of the Federation. Those of us who have planned and taken part in an enterprise of this sort can appreciate the hard work our Committee has done in securing a shop in Fifth Avenue in an ideal location, rent free, and guaranteeing their presence there for one week in this busy season. The Shop is to be financed by pro-rata contributions from each of the five schools participating, and some of the ladies on the Committee have a very lively hope that out of this effort may grow the permanent shop for the sale of cripples' work which has long been so much desired.

As I look back upon the past three years, I regard the establishment of the *American Journal of Care for Cripples* and the Cripples' Holiday Shop as concrete examples of the good results of Federation. The Journal has given the Federation both a national and international reputation and that is why people from far and near want our reports; and the Holiday Shop shows a generous and commendable spirit of co-operation on the part of those Associations which have sunk their own identity for the common good of the cause of cripples.

The nominating committee reported the selection of the following officers for the ensuing year:

Acting president and vice-president: MISS FLORENCE S. SULLIVAN.

Secretary: MRS. HELEN K. TRAVERS.

Treasurer: MR. THOMAS S. McLANE.

Chairman Executive Committee: MRS. HENRY B. BARNES.

A vote of thanks was tendered Mrs. Shrady in appreciation of her services to the Federation and it was ruled that she become one of the honorary vice-presidents.

The subject of the meeting: "Cripples in Relation to Other Agencies," was then announced for discussion.

Dr. Thomas J. Riley, General Secretary of the Brooklyn Bureau of Charities, was the first speaker. He said in part:

Three years ago, the Brooklyn Bureau of Charities became residuary legatee of Mr. G. S. Fox. Mr. Fox's wish was that a substantial part of his fortune should be used for crippled children and the blind. The Brooklyn Bureau of Charities was, therefore, able to embark upon

rather extensive work for crippled children. The question was: What shall we do? The three kinds of work considered were (1) care for convalescents, (2) hospital care, and (3) out-patient work. The first two kinds of work were decided against because they were already well defined. The third, out-patient work, was undertaken because that field needed pioneer work. Equipment in the way of braces, plaster room, gymnasium, etc., for a dispensary were secured, an automobile for transporting crippled children bought, and nurses and a physician were secured.

The crippled children were found through the co-operation of the public schools. The nurses visited the schools and asked to watch the classes at their exercises. The children who seemed to need attention were selected for examination. A complete canvass of all the public schools in Brooklyn—with the exception of 20—has been made in the last three years. It is hoped that the remaining 20 public schools, the parochial schools, the day nurseries, and other institutions for children may be canvassed by the fall of 1916. Then the canvass will be recommenced. It should be repeated often enough to reach every child. Treatment of 2786 crippled children has been secured in the three years. Thirteen hundred crippled children have visited Brooklyn Hospital Dispensary. It is estimated that there are between 5000 and 6000 crippled children of the same ages [under 17] and classes of defects as those already treated.

The difficulty met with is that there is not room in the orthopedic dispensaries for all the crippled children that have already been found.

The needs are (1) more orthopedic dispensaries, (2) provision for convalescent care, (3) more hospital provision for crippled children, and (4) opportunities for training crippled children.

The second speaker was Miss J. C. Colcord, of the Charity Organization Society. She said in part:

People crippled in any way, mentally, or physically must be dealt with one by one. The Charity Organization Society conducted for seven years an Employment Bureau for the Handicapped. In June, 1912, it was discontinued. Dr. Jaeger's Trade School of the Hospital of Hope was considered to a certain extent to have taken over the work. The causes of the lack of permanency of the Bureau were: (1) Hospitals and dispensaries did not send cripples soon enough. They

sent only the cases which had got into such a bad way that they could not do anything for them. (2) The fact that the Bureau was connected with a charitable society kept the self-respecting handicapped from using it. (3) There were no facilities for special training for the handicapped. (4) The original theory that almost any handicapped person could be placed, if enough care and effort were used had to be abandoned. (5) It came about that few except those hopelessly handicapped by old age or something other than a physical defect used the Bureau.

The great need in caring for and placing cripples is psychological study of their peculiarities, their environment, their past, their abilities, and their states of mind. The cripple is in danger of getting a habit of mind, an 'invalid psychosis' that tends to make him a pauper. A study should be made of a variety of trades with openings for cripples so that the interest of the cripple himself may be engaged. Unless a cripple likes his trade, it is hard for him to succeed. Cripples have often worked out their own salvation against immense difficulties because their interest and ambitions were thoroughly aroused.

The experiments tried and the knowledge gained in Europe by those trying to cope with the problem of arranging the future of the many crippled by the European war will no doubt prove extremely valuable.

Father Courtney, Moderator of the Association of Catholic Charities was to have spoken next, but he was not present. Miss Horsey, Executive Secretary of the Association, spoke briefly in his place. She said:

The Association that I represent finds the cripples that it cares for through the visitors of the Parish Auxiliary of St. Vincent de Paul. These cripples are either treated in their homes or sent to St. Agnes Hospital at White Plains.

The fourth speaker was Miss Anna L. Fox of the United Hebrew Charities.

The United Hebrew Charities has attempted nothing in the nature of a survey of the cripple field. It has merely tried to do what could be done for each cripple that came under its care. It has two nurses and a physician to examine the children, who are then sent to clinics and hospitals. It gives what guidance it can, but lack of facilities

hampers it. The number of trades for which training can be secured for a cripple is so small that often crippled children can be offered no trade that is at all pleasing to them.

The adult cripple concerns the United Hebrew Charities most. It has a self-support fund which is used to start the handicapped in business. Each case is considered individually and enough money is supplied to set up the cripple in a business suited to his abilities and promising success. Many repay the money. Some need a further loan to tide them over difficulties. This is help that a handicapped person can accept without loss of self-respect.

In regard to licenses for peddlers, the United Hebrew Charities urges the Board of Licenses to use discrimination in granting them. Now Commissioner Bell has organized a board to consider applications for licenses. This board gives preference to cripples.

A Bureau of the Handicapped, entirely independent to the United Hebrew Charities, but in the same building, has been established. It does good intensive work.

Little is done in New York City for the adult cripple. There is a great need of further study of the adult cripple problem.

The last of the speakers was Mrs. Helene Ingram of the Association for Improving the Condition of the Poor.

The outdoor treatment for tubercular crippled children was first used in the United States in 1904 when a tent hospital for a few children was opened at Sea Breeze. In 1913, the city gave land at Rockaway Beach for a hospital. The A. I. C. P. raised \$250,000.00 for a building. The city maintains it. It has a capacity of 130.

For the adult cripples, the A. I. C. P. has a workshop. No new trade is taught. It is just for the purpose of supplying work to tide over a period of unusual disability. The men stay until they can resume their usual work. Among 2400 families, having 11,000 people, the A. I. C. P. has found 100 cripples.

The visitors of the A. I. C. P. have reported the following needs: (1) More sittings on the ground floors of public schools. (2) More stages and bigger men with the stages to carry the children. (3) An attendant in each class to help the children. (4) District visitors to do follow-up work in homes. (5) Teachers of manual training and people to tell stories and amuse the crippled children in institutions and

hospitals. (6) More work for unskilled crippled adults. (7) A country home for discharged cases who need months in the country before returning to their tenement homes.

General discussion followed the addresses.

Miss Johnson of the Public Education Association spoke particularly of the need of treating each crippled child individually and of considering all the facts of his make-up and environment.

Mr. Adams of the Children's Aid Society expressed the hope that a survey would be made soon of the possibilities for the employment of cripples. He said that there must be many kinds of work that cripples could do other than those so far found.

Miss White of the Public Employment Bureau said that the finding of employment for cripples was a matter of educating the employers. The only way to handle the problem of employment of cripples is gradually, and one by one, to bring about their assimilation by the body of normal workers.

Miss M. V. Clark of the State Charities Aid Association spoke of the difficulty of securing help for crippled children in the country districts. There is need of a school census of crippled children who need special care.

Mrs. Hayes said that what had been done in the last fifteen years for crippled children could and must now be done for the adult cripple.

Mrs. Fish of the William H. Davis Free Industrial School said that employers must be educated to the point of wanting cripples, and cripples must be encouraged to work at a level with the normal.

Miss Sullivan said in reply to Mr. Adams' suggestion of a survey that such a survey had been made by Miss Adler and Miss Marshall and the results had been published. She said that the concensus of opinion seemed to be that there was great need for the training of cripples.

Dr. Truslow of the Brooklyn Hospital made a plea for education for the crippled child while being treated in hospitals. A

crippled child should be brought up to expect to live like normal people.

STATE PROVISION BY WISCONSIN

During the last session of the Wisconsin Legislature a bill was introduced by Senator Cunningham providing for the acquisition by the state of land, ultimately to be used for the erection of a hospital school for crippled children.

This bill was later amended, so as to provide for special accommodation for crippled children by the State Public School at Sparta, rather than the establishment of a new and separate institution for cripples. In this form the bill was enacted and became law. It constitutes Chapter 353 of the Laws of 1915.

Though not as desirable as in its original form, the law represents a step in the right direction—the state accepting a degree at least of responsibility for its crippled children.

The text of the act follows:

AN ACT to amend Section 573aa of the statutes, relating to the reception and treatment of crippled and deformed children at the State Public School at Sparta.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. Section 573aa of the statutes is amended to read: Section 573aa. 1. In addition to the classes of children now received at the state public school for neglected or dependent children at Sparta, pursuant to existing laws, there shall also be received as pupils in the said school, any . . . children under fourteen years of age, residents of this state, . . . who are crippled or deformed in body, or who are suffering from disease through which they are likely to become crippled or deformed, provided their bodily ailments or diseases are . . . curable by surgical operation or hospital treatment at the school with . . . facilities, . . . appliances, material, equipment, and professional skill and assistants provided therefor, subject only to the limitations contained in the next section.

2. *The board of control shall engage and fix the salaries of additional physicians, surgeons, nurses, teachers and other employees necessary to carry out the provisions of this section, and shall equip such school with the necessary appliances, material, equipment and facilities therefor.*

3. *The expenses of treating, educating and maintaining any child in said school under the provisions of this section shall be borne by the parent, parents or guardian of such child, if not indigent, and the amount thereof shall be determined by the board, but no child shall be denied admission to such school under the provisions of this section for the reason that such child or its parents or guardian are unable to pay for treatment, education and maintenance therein.*

SEC. 2. This act shall take effect upon passage and publication.

DANCING AT INDUSTRIAL SCHOOL

Dancing in connection with the medical gymnastics has been inaugurated at the Industrial School for Crippled and Deformed Children, Boston. For an hour each Friday, the classes have instruction in folk dancing and social dancing. Of course, only those able to take part are allowed to dance, the surgeon being consulted about each case. It is surprising how well the children with legs and splints and those with artificial limbs can dance, and the improvement in manners and in carriage is very marked. The pupils in a class who cannot dance are sent out of doors for that period or, as a great privilege, are allowed to watch the others.

The printing department at the school has been enlarged. There is a new composing room with office and proof room in addition to the pressroom.

Some notes regarding the industrial results in various cases were recently compiled. They are reproduced herewith:

1. John entered school at 9 years. He was a delicate boy afflicted with hip disease, wearing splint and crutches, and partially deaf. Finished grammar school and entered printing department where he worked 1½ years. He then took a position in a printing office and learned to use linotype machine. He earned over \$20 per week and is now in business for himself.

2. Edmund came to our School at 11 years. He had hip disease and wore splint and crutches. After leaving school he worked for a jeweler and learned the trade. Being ambitious, he worked for various firms where he could learn different branches of his trade. He now is a member of a firm of manufacturing jewelers and doing an excellent business.

3. Frank, a boy born without arms, was educated in the public schools. He came to us for special instruction. A place in the messenger service was found for him and in this he has worked for years. He supports himself, is helpful to others, and asks no favors because he is a cripple.

4. Benjamin was a very delicate boy. He had suffered much with hip disease and came to us at 15 years of age with splint and crutches. He had never been to school, but could read a little. He was anxious to learn and finished the grammar school course. He was then sent to the Waltham watch factory where he learned the trade of watch-making. This work he has followed for two years, but confinement to the shop affects his health, so he is at present learning to repair automobiles, with the prospect of becoming a chauffeur.

5. Alfred entered the School at 12 years. He was deformed, having no legs below the knees and one arm ending at elbow joint. He did not care for study and at 14 was put to work in the school shop at cane seating. He did this work well and has earned a partial living.

6. Mary had one leg amputated at hip joint. She entered our school at 9 years; graduated from the grammar department and entered the public high school. Our School furnished her an artificial leg which she wears successfully. No one would suspect more than a slight lameness. In the high school she took a commercial course and now has a good position as a stenographer.

7. Carmella had amputation of foot. Entered the sewing department of our School at 20 years. An artificial foot enabled her to walk easily. She learned the sewing trade in our school and later took a good position in a large clothing manufactory where she runs a power machine and earns good wages.

AN EDUCATIONAL COLONY FOR CRIPPLES

A vigorous campaign to secure funds for the erection of an educational colony for cripples has been launched by the Van

Leuven Browne Hospital School of Detroit. The colony, for which plans have already been drawn, is to cost \$200,000 to construct. Of this amount \$50,000 was raised in an eight-day campaign starting just before Christmas, and the trustees are optimistic regarding the chances of obtaining the remainder.

The proposed institution is to be built on the unit plan. According to the prospectus, the program provides for eight cottages with rooms all on one floor, where the children will live, twelve in each cottage, with a matron in charge; an Administration Building; a Graded School; an Industrial School and an Isolation Hospital and a Power Plant—all to be located upon a forty-acre tract of farm land within easy reach of Detroit.

The unit plan of construction makes it possible to retain the home conditions so essential to the child's best development physically, mentally and morally, and since at present more than eighty per cent. of the children are wheel-chair patients, cement inclines will take the place of steps and there will be no second floors to the buildings used by the cripples.

There are a goodly number, however, who are able to do such work as truck farming, and the farm will afford them this opportunity as well as make partial provision for the support of the commissary department of the Educational Colony, which, as now planned, will accommodate about one hundred crippled children.

The educational work of the institution will be carried on while the little cripples are being helped and cured of their physical deformities, and will include the regular public school graded work, though conducted very much along the lines of the Montessori system, which has proved so successful with children. Industrial training along the line of indicated aptitude will also be given; in fact, the idea will be to discover the particular training that in each case will best fit the child to meet the struggle for independence in life, considering his talent and his physical capabilities.

BUILDING FOR CRIPPLES AT STATE INSTITUTION

The State Public School at Coldwater, Michigan, is erecting a \$50,000 institution in which a special division will be made for

cripples. There is one department for girls, a department for boys, and a receiving department, all under one roof, the children to live on the first floor. Plans are now being made to provide industrial training for both girls and boys.

CONSTRUCTION OF HOSPITALS

An important contribution to the science of hospital construction is represented in a paper by Mr. Oliver H. Bartine, superintendent of the Hospital for the Ruptured and Crippled, New York. A point that deserves careful consideration is brought out in the introduction:

Hospitals, like churches, should give a greater degree of consideration to their relations to the needs of the community. These, rather than personal reasons or desires, should serve as a guide in determining whether a particular hospital should be built in a particular locality. The creation of a hospital for special or personal reasons, regardless of needs, should be avoided. A plan should be devised whereby representatives of existing institutions and other interested bodies could pass experienced judgment upon a proposal for a new hospital before the establishment of such institutions by private bodies. It may be that this should not apply to strictly private hospitals where the public will not eventually be called upon for its support. The state boards of charities, whose function it is in many states to pass judgment upon such applications, should, and in many cases are, giving this matter their very serious consideration. Some local governing body should be in control of this matter in each state or section of the country.

But the feature of the article is the compilation in tabular form of the detailed costs of construction in twenty-two hospitals and hospital buildings. Another table gives costs of construction exclusive of equipment in thirteen hospitals.

Mr. Bartine makes this comment regarding comparative costs:

A great deal has been written concerning the cost of hospital buildings. Any statement of cost based upon the cost per bed may be misleading to the trustees, superintendent and others. For instance, a

hospital caring for a special class of patients requiring extra rooms and special equipment costs \$4,000 per bed. If the same building had been planned as a general hospital, beds could have been placed in the special extra rooms mentioned, thus increasing the bed capacity of the building to such an extent that the cost of the building would not have exceeded \$3,000 per bed. This hospital has special employees for special purposes and rooms, but perhaps not as many as would be required to care for the extra number of patients which might have been accommodated in the special rooms, but even after making liberal allowances for these conditions it is found that this hospital would not have cost over \$3,300 per bed if used as a general hospital instead of \$4,000 per bed as it actually cost, based upon the number of patients accommodated.

It is concluded that the cost per cubic foot furnishes more dependable criterion of comparison than cost per bed.

NEW BUILDING FOR HOSPITAL

The new building of the New York Orthopædic Dispensary and Hospital was dedicated on January 31, 1916, with appropriate ceremonies. Eugene Delano presided, Bishop Greer offered the dedication prayer, Dr. Russell Hibbs described the work of the institution, and Theodore Roosevelt made the address of the afternoon.

The new home of the institution, which is at 420 East 59th Street, will be described in an early issue of the JOURNAL.

WORK OF GUSTAV WERNER

At a recent meeting of the Federation of Associations for Cripples, Dr. Felix Adler spoke of a work he had seen in Germany many years ago, an industrial colony to provide employment for crippled and handicapped persons, founded by Gustav Werner. At the present time there is in Reutlingen an outgrowth of Father Werner's work, a home for crippled children which is a part of a larger foundation, the Gustav Werner Stiftung.

In one of the annual reports of this institution is given a sketch of the life of this man, who was so devoted to the interests of the unfortunate.¹ There follows a free translation of the original German:

Gustav Werner, or Father Werner, as he is called by his admirers and disciples, was born on March 12, 1809, in Zwiefalten, the son of the then treasurer of the forest service, Johannes Werner (who later became a director of finance in Reutlingen), and his wife Friederike Christiane (née Fischer).

After graduating in theology in 1834 he settled down as a minister in Walddorf, Tübingen.

Here he began his work of charity, founding an industrial school and asylum for children. He preached around the country in various places in order to enlist supporters and obtain contributions for his work.

His activities as a traveling minister being prohibited, he moved to Reutlingen, taking with him the ten children under his care. This move was made on February 14, 1840, and Reutlingen thenceforth became the headquarters of his activity.

As Werner was practically destitute at the time, he settled down with his charges in a rented apartment, but in 1842 he was in a position to buy a house for 13,000 florins. It was thereby possible to receive other persons in the institution. The circle of acquaintance of the 'Traveling Pastor Werner' also became greatly enlarged.

In the turbulent years following, around 1848, Werner became convinced that he would better influence the people by becoming one of them and, instead of preaching only, should set a concrete example to them in the field of labor. In order to realize his Christian social ideals he made the daring move of buying a paper factory in Reutlingen. He became a manufacturer in order to place industrial activity at the service of the efforts for human welfare—on the one hand introducing a spirit of Christian solidarity into the industrial realm; on the other hand devoting the profits of the business to the support of his educational and charitable projects. It was only in the

¹GUSTAV WERNER STIFTUNG ZUM BRUDERHAUS. *Reutlingen*. Dreissigster Rechenschafts-Bericht . . . über das Rechnungsjahr 1. Mai, 1912, bis 30. April, 1913. p. 4-5.

latter feature, however, that his efforts achieved permanent results. The memory of the institution founded by him for the welfare of sufferers and of other charitable institutions will live on. The activities of Father Werner were much impaired by a financial crisis in 1863, but it was possible through the organization of a stock company in 1866 to save the institution from complete collapse and to continue the support of the twenty-eight branch institutions founded up to that time.

In 1891, the stock company, having fulfilled its purpose, was dissolved. The institutions and factories founded by Father Werner during the course of years, and which had survived the crisis mentioned, were consolidated on March 30, 1881, under the title *Gustav Werner Stiftung zum Bruderhaus*. As such they continued their activities after the death of the noble founder, which occurred August 2, 1887.

The cripples' home is one of these subsidiary institutions. As will have been seen, however, *Gustav Werner's* interests were very broad, and the work for cripples was only one feature of his extensive activity.

COMPENSATION ACT AND EMPLOYMENT

The following extract from an English report² throws some light on the relation of the compensation act to the employment of cripples in Great Britain.

Even in the strong, the spirit of independence and self-help is not always easy to keep alive; how much more difficult is it to foster when, fighting against it, are physical infirmity, the mistaken indulgence of parents and friends, and the limited field of labour open. One result of the Workmen's Compensation Act has been to make it almost impossible to find situations for the physically defective; the companies will either not insure them at all, or only at very high premiums, and under these circumstances, the employers, very naturally, refuse to engage them. The ultimate solution of this problem must lie with the state; meanwhile, we can only do our best to help individuals in the

² Kingston, Surbiton and District Guild of the Crippled. *Report for the year ending September, 1910.* p. 7.

struggle towards that strength of character which will enable them to stand on their own feet, instead of being a burden on the community.

ORTHOPEDIC DEPARTMENT OF PITTSBURGH HOSPITAL

The Orthopedic Department of the Children's Hospital, Pittsburgh, Pa., covers one of the most important fields in the work of that institution. It ranks numerically with the medical department, having during the past year 195 house cases and 981 dispensary cases. The orthopedic surgeons are Drs. David Silver and J. O. Wallace.

COMPENSATION AMENDMENT IN MASSACHUSETTS

Subsequent to the preparation by Miss Grace Harper of the article which appears in the present issue, the Massachusetts Legislature passed an amendment to the Workmen's Compensation Act providing that compensation may be computed on the basis of potential, rather than actual earning capacity. This eliminates one serious point of disadvantage to minors, permanently handicapped through industrial accident.

The text of the amendment, which was approved May 10, 1915, and forms Chapter 236, General Acts of 1915, is as follows:

AN ACT RELATIVE TO COMPENSATION TO YOUNG AND INEXPERIENCED WORKMEN WHO RECEIVE INJURIES

Be it enacted, etc., as follows:

SECTION 1. Whenever an employee is injured under circumstances that would entitle him to compensation under the provisions of chapter seven hundred and fifty-one of the acts of the year nineteen hundred and eleven, and acts in amendment thereof and in addition thereto, if it be established, that the injured employee was of such age and experience when injured that, under natural conditions, his wages would be expected to increase, that fact may be taken into consideration in determining his weekly wages.

SEC. 2. This act shall take effect upon its passage.

FOUNDING OF THE PEABODY HOME

In a recent report² of the New England Peabody Home for Crippled Children, Hyde Park, Mass., there was reprinted the first report an account of the founding of the institution at Weston, Mass., whence it has moved to its present location. As the establishment of one of the pioneer American institutions has much historical interest, the statement is reproduced herewith. It is entitled 'Secretary's Report—1895-1896,' and is signed 'Maude H. Whitmore.'

On the seventh day of June, 1894, fifteen ladies met at the residence of Mrs. Edward B. Kellogg, 1084 Boylston Street, for the purpose of associating themselves into a corporation to be known by the name of the "New England Peabody Home for Crippled Children." Its objects, to provide a home, and educate destitute crippled children to care for themselves. The remainder of the summer and the entire winter were spent by the Board in trying to bring the need of the home of this kind before the public. In response to the circulars sent out in February, asking for aid, we were able in May to lease the "Davis Farm," Weston, Massachusetts, and to formally open the Home June 2, 1895. Although the day was dreary and wet, the Home, which was partially furnished by the generous donations of interested friends, entirely lacked anything like an institutional atmosphere, and looked very home-like, with toys scattered about waiting for their unfortunate little owners. Since that date the family has at no time numbered less than seven children, and, part of the time, eleven. As the children increased, so did the expense, and although our Fair, held in December, Dr. Moxom's address, Mrs. Julia Ward Howe's reading, Dana Hall School entertainment, Mr. Lonsdale's recital, Miss Elinor Joslin's entertainment, Children's fair at Cohasset, and Miss Carrie Whiting's Fair, given for our benefit, were successful, the Board became convinced, in order to continue this good work, we must be assured of a certain sum yearly. To attain this end, the directors decided to inaugurate a series of monthly social meetings. It was hoped by this means to increase our membership.

²NEW ENGLAND PEABODY HOME FOR CRIPPLED CHILDREN. *Hyde Park, Mass.*
Report. . . . 1908 to 1910, p. 32-33.

On February 6, 1896, a stormy day, the first of these social meetings was held at Mrs. Abner Post's, but notwithstanding the inclement weather the attendance was quite large, as our Honorary President, Mrs. Mary A. Livermore, was to address the meeting. Mrs. Livermore made an urgent appeal for the Home, and in her usual interesting manner related several anecdotes of Boston fifty years ago. At that meeting many names were added to our list, as there were at the two later meetings, where our friends were entertained with papers and music, and we feel assured the public is interested in our cause.

MISCELLANEA

A benefit performance for the Seaside Home for Crippled Children, Arverne, L. I., was given at the Strand Theater in New York City, on January 29, 1916. About \$900 was realized.

The annual entertainment for the benefit of the Darrach Home for Crippled Children, New York, was held at the Ritz-Carlton on the evening of January 27, 1916. A performance of 'The Sowers' was given.

The crippled children attending the special classes in P. S. 163, Brooklyn, were taken to the Hippodrome on January 21, 1916, through the generosity of Mr. and Mrs. Louis Jaffee.

An entertainment for the benefit of the House of St. Giles the Cripple, Garden City, L. I., is to be held at the Hotel Bossert, Brooklyn, on February 26, 1916.

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INDEX

There follows a dictionary index to the text of the volume. Subjects are set in roman letters, geographical divisions and cities in italics, and proper names in capitals and small capitals. Individual institutions are listed under the city or town of their location. The formal titles of articles and notes may be found on the contents pages preceding individual issues.

- | | |
|--|--|
| <i>Allentown, Pa.</i> , Good Shepherd Home, 112. | <i>Detroit, Mich.</i> , Van Leuven Browne Hospital School, 51, 184. |
| ALLISON, NATHANIEL, 69. | EDDOWES, LOIS J., 165. |
| <i>Atlanta, Ga.</i> , new hospital for crippled children, 162. | Education, Home for Crippled Children, Newark, N. J., 165. |
| <i>Austria</i> , war cripples, 47. | Education of crippled children, 11. |
| BARTINE, OLIVER H., 186. | Educational colony, 184. |
| Bibliographical notes, 61, 120, 141, 193. | Employment, 41, 49, 145, 189. |
| Bibliography, official publications of American institutions, 103. | <i>England</i> , war cripples, 86, 125. |
| <i>Boston, Mass.</i> , Industrial School for Crippled and Deformed Children, 183. | FERGUSON, ALBERT D., 74. |
| King's Chapel Bureau for the Handicapped, 145. | Food growing for cripples, 90. |
| Boy Scouts, 51. | FOX, ANNA L., 179. |
| Camp Fire Girls, 51. | <i>France</i> , war cripples, 46, 86, 156. |
| <i>Canada</i> , study of special education, 58. | <i>Germany</i> , war cripples, 39, 129. |
| <i>Chailey, Sussex, England</i> , Princess Louise Military Wards, Heritage Craft Schools, 125. | HARPER, GRACE S., 145. |
| <i>Cleveland, Ohio</i> , dispensary work, 49. | HOKE, MICHAEL, 162. |
| Rainbow Hospital, 49. | <i>Holland</i> , care of cripples, 112. |
| COLCORD, J. C., 178. | Hospital construction, 186. |
| Corozal Farm, 168. | <i>Hyde Park, Mass.</i> , New England Peabody Home for Crippled Children, 191. |
| Cripple-gate, 113. | Industrial Training, 41, 53. |
| CROWLEY, RALPH H., 115. | INGRAM, HELENE, 180. |
| Dancing, 183. | KIMMINS, GRACE T., 125. |
| DAVIS, GWILYM G., 11. | Legislation, 182, 189, 190. |
| DESHON, G. D., 168. | <i>Lyons, France</i> , school for crippled soldiers, 156. |
| | MACMURCHY, HELEN, 58. |
| | McMURTRIE, DOUGLAS C., 15, 24, 39, 86, 94, 129, 156. |

- Massachusetts*, amendment to compensation act, 190.
Michigan, state provision, 185.
Minnesota, recommendations for state hospital, 51.
Miscellanea, 192.
Negro cripples, history of institution for, 171.
New York City, Association of Public School Teachers of Crippled Children, 161.
Crippled Children's East Side Free School, 48.
Federation of Associations for Cripples, 44, 110, 175.
New York Orthopaedic Dispensary and Hospital, 46, 187.
Shop for cripples' work, 139.
Trade School of the Hospital of Hope, 111, 113.
New York State, compensation act, 110.
Open air treatment, 15.
Orange, N. J., New Jersey Orthopaedic Hospital, 21.
ORR, H. WINNETT, 84.
Orthopedic surgery and the crippled, 69.
Panama Canal, farm for crippled workers, 94, 168.
Philadelphia, Pa., Home of the Merciful Saviour, 58.
House of St. Michael and All Angels, 58, 171.
Widener Memorial Industrial Training School for Crippled Children, 74.
Physically defective, 115.
Pittsburgh, Pa., orthopedic department of Children's Hospital, 190.
Prince Crossing, Ill., Country Home for Convalescent Children, 15.
PUTNAM, MARY L., 41.
REEVES, EDITH, 24.
RILEY, THOMAS J., 177.
Russell Sage Foundation, 24.
St. Louis, Mo., campaign for special education, 45.
Sage Foundation, 24.
SCHULTHESS, WILHELM, 3.
SELIGMANN, CARRIE M., 139, 159.
Sharon, Conn., Trade School for Cardiac Convalescents, 41.
Shop for cripples' work, 139, 159.
SHRADY, MRS. GEORGE F., 175.
Social aspect of orthopedics, 84.
State care for crippled children, 113.
SULLIVAN, JOE F., 55, 57.
Switzerland, care for cripples, 3.
TOMPKINS, GILBERT, 90.
TOOKER, MARY R., 21.
TRAVERS, HELEN K., 161.
Unheard Cry, 55.
United States, provision for crippled children, 24.
United Workers for the Cripple, 57.
War cripples, Austria, 47.
England, 86, 125.
France, 46, 86, 156.
Germany, 39, 129.
WERNER, GUSTAV, work of, 187.
WHITE, ELLIOT, 171.
Wisconsin, state provision, 182.

STORAGE

